7401 Belair Road

(VRA 15, 4)

Lassahn Funeral Home

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7	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3	30433					
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR					
o o o o	(TYPE	Frances	C.	Hochrein	December 27.	1980 - "					
moy	3. SE	(	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
4 4 10	1	Female	White	October 18, 1887	93 YRS	MONTHS DAYS HOURS MIN					
Pag di		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN						
40 M 30	5	Maryland	Inited States	WIDOWED DIVORCED	Baltimore Cou	nty, MD.					
by the fulled with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN US NOT IN SUCH FACILITY, GIVE STREET Garrison Valle	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSE-Wife	17h, KIND OF BUSINESS OR					
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mpletely ond 2 sl	14. FA	John A	ANDDLE Smith	15 MOTHER'S MAIDEN NA	UNKNÖWN	LAST					
dicol a	16a. V	VAS DECEASED EVER IN U.S. AR	WALL CONTRACT		ADDRESS						
od E	3	ES, NO OR UNKNOWN) (# YES, GIVE	- 215-46-7	490 Mary P. Sm	ith 445 S. Re	obinson St.					
popers. novol. ent, the		18 CAUSE OF DEATH  Enter on	ly ane cause per line far (o), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
u c E >		PART I. DEATH WAS CAUSED	Cardio-Pu	lmonary Disease- A	.S.C.V.D.	0					
attending ove carbo tion, or re oumatic e		4/69 DUE TO, OR AS A CONSEQUENCE OF									
attendi nove cor otion, or froumat		Conditions, if ony, which (b)									
d by the lease remial, cremo		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF							
fhen p to bur njury,	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERA	NINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)					
te has been ssit permit. Igiene prior shows ony i	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)					
physicial tripicate of Hygin of Hygin of Hygin	W W	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1						
ding physicion. is certificate has burial-transit per Mental Hygiene pr Ifem 18 shows	N N	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR							
T P SE D	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION	CITY OR TOWN	COUNTY STATE					
ter t s the h one rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	AICM, ETC)	CITORIOWN	COUNTY STATE					
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TTOP for 1		sow the deceased alive on obove, (L) (we) did not	View the bady ofter death	ond that In (my) (aur) opinion	deoth occurred on the date and h	our and from the couses stated					
hos thed ept.		22b. SIGNATURE	The body offer death.	DEGREE		22c. DATE SIGNED					
RAL DI defoct fote De		Z1	Sough	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Dec 29 80					
NER be Sto		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS	100	- EV - The W.D					
Should be deto with the Stote [ IMPORTANT: If		LIBOAS	MD	50 50014		OCKESUITIE NA					
	23a B	URIAL, CREMATION, REMOVAL Burial		ltimore Cemetery	Baltimore,	-county Maryland					
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i	3. SE	0.	4 RACE	MONTE		& AGE (IN YEARS LAST ORT	_	F UNDER I YEAR	HOURS MIN			
1	1	Male	White	Jan.	1, 1932	47	YRS					
p/ G	C	DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY O						
30 /		ew York	U.S.A.	Baltimor		-	MD					
356	10 C	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET GBMC 6701 N. Cha	ADDRESS)		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  COnsultant  Temmigration						
Siner mu	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  138 STATE  139 COUNTY  130 COUNTY  130 COUNTY  130 INSIDE CITY LIMITS?  130 STREET ADDRESS  1847 Pleasantville											
еха		THER'S NAME			IS MOTHER'S MAIDEN NA	ME						
\$20			J. Holaha	an	Anna	WIDDLE			ck			
med	16e. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRE	SS	10	<u>V</u>			
节	(	Yes, NO ORUNKNOWN)   18 YES, GIVE   Kor	ea 213-34-	5140	Virginia I	. Holahar	) 0	ame a	s above			
ent,			ly one cause per line for (a), (b), ar		111811111	o Horana.	. 5		XIMATE INTERVAL			
atic ev		PART I. DEATH WAS CAUSE	Cardiores		ory Arrest			BETWEEN	ONSET AND DEATH			
Hat		IMMEDIAT	E CAUSE (a) Caratore:	spirat	ory Arrest	-						
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Je		Canditians, if any, which	(b) KCHai Ta	rure				-				
or othe		cause (a), stating the	DUE TO, OR AS A CONSEOU									
,		underlying cause last	Multiple	Myelo	ma							
injury		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	(a)			
апу	CERTIFICATION											
Shows	3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	INGS USED S OF DEATH?			
3 sh	E					YES NO NO		5 🔲	NO 🗌			
1 9 1 18 1 18	W.	21a. ACCIDENT WAS UNDERLYING		VEAD	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)				
- te	₹	OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR								
ed or	MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY	.,,	21f LOCATION							
3	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOW	IN	COUNTY	STATE			
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7		sow the deceased alive an.	al) attended the deceased fram_ 12/31 10	80 0	nd that in (my) (aur) apinian	, 10			, that (1) (we) last			
		above, (1) (we) (did) (did nat				death accorded all the de	ne dila navi					
		226. SIGNATURE	alela -		DEGREE ATTENDING	MEDICAL STAR			ESIGNED			
Z		////	off		PHYSICIAN	MEDICAL STAF	IAN 🗌	12/3	31/80			
4		224. PHYSICIAN'S NAME DIRECT	(PINT)		220 ADDRESS							
MPORTANT		br. A.	S. Shafik		6701 N. Cha	rles St. 2	1204					
Ξ	23a. I	BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION						
	(	Burial		i A Fe	r Mem. Gar.	CITY OR TOWN	Ha	rford	Md.			
	24 F	JNERAL DIRECTOR		L AL		E REC'D BY REGISTRAR	-25					
5M 1/79	R/E	NAME	ADDRESS		11/1/1	5 1981 .4	infray 1	Malres				
,	1,7 .	Gladden Kur	UZ III Jarre	CUSV	ille Md							

FOR STATE REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2a DATE OF DEATH MONTH

26 HOUR

ENGLISH DESCRIPTION OF THE STREET mead regime the carrier Maryland Hartons Jonany (11) w Institute Food sime but foll . The first aved as a me foll. The tell of The last tell and tell and the last tell and the last tell and tel thouseast of the rest to the state of the contract of the contract of

(VRA 15, 4)

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1	FOR STATE REGISTRAR			3 0	937							
Ī	DECEASED NAME	FIRST	A	AIDDLE	i	AST	20. DATE OF DEAT	H MONTH	DAY YEA	AR 2b HOUR		
ı	(THE OKPKINI)	James		Edward	НО	LMAN	Decembe	r 19,	1980	5:00 Am		
	Male		White Ji			28, 1928	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS D			
	O. BIRTHPLACE (STATE COUNTRY)  Virginia	E OR FOREIGN				D NEVER MARRIED DIVORCED DI	9. BALTIMORE CI Baltim	H MD				
	O CITY OR TOWN OF Towson	DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A Joseph Ho	DDRESS)	or other institution ** a1				126 KIND OF BUSINESS OR INDUSTRY Cab Co.		
	USUAL RESIDENCE (# 130 STATE Maryland	13b. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO K	13e. STREET ADDRI 9 E. Che	ss sapeal	ke Ave.			
	4 FATHER'S NAME FIRST Unknow	n	MIDDLE	olman		15. MOTHER'S MAIDEN NAM	ME	LE	Hayde	LAST PART		
	(YES, NO OR UNKNOWN) (IF YES, G		ARMED FORCES? 166 SOCIAL SECURITY SINE WAR OR DATES) 231-30-755			Joyce A. Cla	ADD Wings Mills Apt Typoole, 21 Enchanted Hills					
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Gastrointe					onal bleeding			API BÉTW	PROXIMATE INTERVAL VEEN ONSET AND DEATH		
	Conditions, if gove rise to couse (o), s underlying c	immediate	(b)	R AS A CONSEQUE Seve: R AS A CONSEQUE	re An	emia						
	Z	uadripl	egia.	pneumon	ia	NOT RELATED TO THE TERM	INAL DISEASE OR (			NDINGS USED		

NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTOR) NOT WHILE

19\_80 22a.1 certify that X (this hospital) attended the decaysed from sow the deceased alive on above, \$6 (we) (did) (100 to 50) 80. and that in (nx) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED 226. SIGNATURE ATTENDING PHYSICIAN MEDICAL

DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME | TYPE OR PRINT) 22e. ADDRESS St. Joseph Hospital 7620 York Rd Eddie Nakhuda, M.D.

Moreland Mem. Park

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN Baltimore 12-23-80 Maryland

Burial 24 FUNERAL DIRECTOR

1050 York Rd. Ruck Towson Funeral, Home Inc. Towson, Md. 2120

DHMH-16 30M 2/80 (VRA 15, 4)

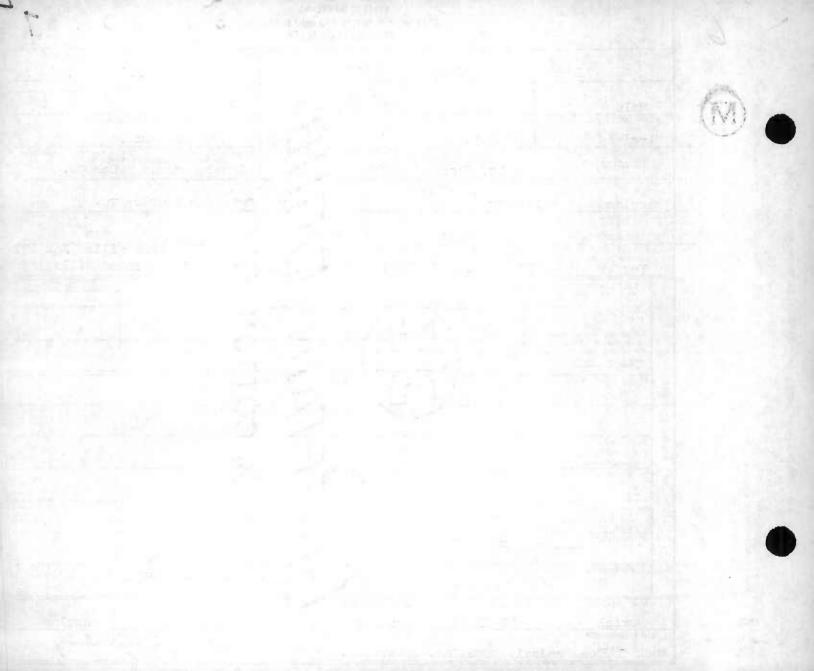
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should be detoched with the Stote Dept.

MPORTANT

or Hem 18

MEDICAL



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

i		FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 0 3	0 4 3 8					
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
		CEASED NAME FIRST ZEBUL	ON VANCE	HOOPER	20. DATE OF DEATH MONTH	10 80 4:45A M					
	3. SE	Male	4. RACE Cauc.	5. DATE OF BIRTH  MONTH  7  21  1896	6. AGE (IN YEARS LAST BIRTHDAY)  84 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
e 7		IRTHPLACE (STATE OR FOREIGN COUNTRY)  orth Carolina	76 CITIZEN OF WHAT COUNTRY U.S.A.		BALT IMORE COUNT						
20 data to 10 day	10. ⊂ <b>T</b>	OWS ON	GBMC -6701 GIVEN THE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING I Physician	126. KIND OF BUSINESS OR					
35	130. N	STATE 136 COU	Ito. Cockey	WN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 10702 Carding	ton Way					
30	16a \	Jethro An		FIRST	#IDDLE ADDRESS	Quidley					
e medi	(	$\stackrel{\text{(if Yes, GI)}}{No}$	216-46	-1083 Anne W. Ho	ooper 10702 Car	keysville, Md.					
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aumatic	7	Conditions, if ony, which	DUE TO, ORBS A CATED	10 DAYS							
injury, ar ather traumatic		gove rise to immediate cause (a), stating the underlying cause last.									
ulnuy, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO MY OCARDEAL	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)						
ony O	CERTIFICATION	19a. DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO X IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \text{NO} \)					
lem 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)					
rked or 1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE					
21 is ma		220.1 certify that (I) (this hospital) arounded to deceased from 10 000 0000 0000 0000 0000 0000 0000									
E # # # # # # # # # # # # # # # # # # #		226. SIGNATURE  DEGRAT  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN OF THE SIGNE  OF THE SIGNE  ATTENDING MEDICAL STAFF  OF THE SIGNE  OF THE SIGN									
MPORTANT: If Hem 21 is marked ar Hem 18 shows		WILLIAM J.	OKTAVEC, M.D.	GBMC -6701	N. CHARLES ST						
		BURIAL, CREMATION, REMOVAL		Trinity Episcopal	Cem. Long Grad	en Balto, Md.					
)	74. F	JAE. Gowell	Lemmon 10 V	W. Padonia Rd DE	C 1 2 1980	my receively					

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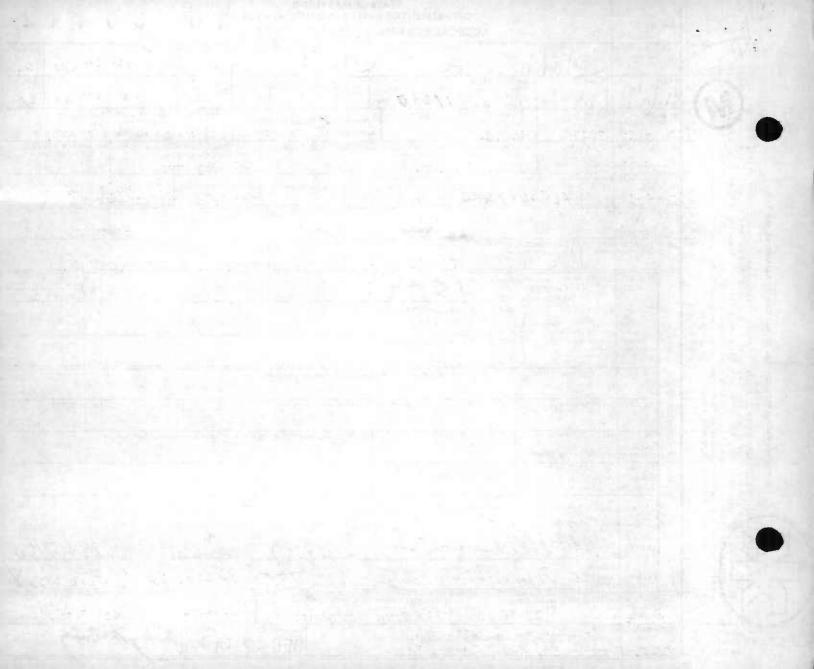
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1			ST	ATE OF MARYLA	ND				
11	FOR STATE		DEPARTMENT O					304	4 2
L	REGISTRAR	M	EDICAL EXAMI	NER'S CERTIFI	ICATE OF D	EATH "	REG. NO.		
	PECEASED NAME  YPE OR PRINT)	RST	MIDDLE	LAST	LANE	2a. DATE OF			YEAR 2b. HOUR
1	())	ohn	R.	Dun	90)	DEATH	MATED	12 24 10	80 12AN
3. S	EM 4 RACE	5. DATE OF BIRT			IF UNDER 24 H			MONTH DAY	YEAR 2d. HOUR
1	1.1 8/0/2	MONTH DA	a a a Va .	YRS.	HOURS MIN.	PRONOUN		12 24	80 2AM
70.	BIRTMPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY?	18		9 BALTIM		COUNTY OF DEA	
_	FOREIGN COUNTRY)			MARRIED N	DIVORCED [	1 6	0	- 0	
	ine 22, 1911	U.S.A.	OSPITAL, NURSING HO			USUAL OCCUI		OF RELLIOVA	OF BUSINESS
1		(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS	)		FOR MOST OF WOR	KING LIFE)	OR IN	DUSTRY
	andallstown JAL RESIDENCE (IF IN NURSING	Balto.		spital	$S\epsilon$	21f-Emp	loyed	Vende	r
13a.	STATE	OUNTY	13c. CITY OR TOWN		CITY LIMITS? 13e.	STREET ADDRE	ss4700	Music St.	
		LE/AND MAN	SHNew Orlea		NO LI We	w Orlec	ins, Lo	uisiana	1.
14.	FATHER'S NAME FIRST	WIDDLE		15. MOTH	HER'S MAIDEN NA	AME M	IDDLE	LAST	
1	Edward		Hynes	Nesi	da			Bacquie	
160.	WAS DECEASED EVER IN U (YES, NO, OR UNKNOWN) (1F YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	100. SOCIAL SECUR	ITY NO. 17. INFOR	John.	В. Нуг	ADDRESS		
	no		709-12-42	222 6417	Deer Pa	nk Rd	Reiste	rsown. Mo	7
Г	18 CAUSE OF DEATH (Er	ter anly ane cause per l	ne far (a), (b), and (c).)	C =			116-110-110	APPRO	DXIMATE INTERVAL
	PARTIDEATH WAS C	AUSED BY: EDIATE CAUSE (a)	HSCL	A				12	12-10
	14292	DUE TO,	OR AS A CONSEQUENCE	OF					-
	Canditions, If any,	which						Established Prints	
	gave rise to imme cause (a) stating the		OR AS A CONSEQUENCE	OF					
	lying cause last.	(a)							
	PART 2 OTHER SIGNIFICANT CONC	ITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIE	ON GIVEN IN PART 1 (a)				
Z					an arrent market 1 200				
CERTIFICATION	190. DATE OF OPERATION	I I9b CON	DITION FOR WHICH OP	RATION WAS PERFO	RMED?			20. AUT	OPSV2
/ E								2233	_
- E	210. EXTERNAL CAUSE W	AS 21b. TIME	OF INJURY	121r HOW IN HIP	Y OCCURRED (EN	TER NATURE OF INI	LIDY IN ITEM 18 DA	YES YES	□ NO □
		HOUR A	M. MONTH DAY YE.	AR AR	TOCCORRED (EI	TER THAT ONE OF BITS	OK! BY HEM TO PA	OR PART 2)	
MEDICAL	CONTRIBUTING CAUS	71e PLAC	.M. 19 E OF INJURY (AT HOME.	211, LOCATION					ALC: N
ME	WHILE NOT WHILE	E STREET, F	ACTORY, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK								1/17
	22a. I certify that I taak	charge of the remains o	lescribed abave, held an	Autapsy .	Inspection 🗾	Inquiry	and	in my apinian	
	death resulted from	Natural causes	Accident .		icide Un	determined mo			
	4/11	1 122			SPECIFY)				,
	ACTUAL SIGNATURE	ellear	moon	MD Def	2 1	MEDICAL EXAM	INIED	DATE /2/	24/80
7		0			./-	A	IIINER	SIGNEDE	7///
	EXAMINER'S NAME	f. WILL	-1 Am50 NJ	ADDRESS_	3330	CALTO	-NA	TL-PIKE	2122 Y
23a.	BURIAL CREMATION REMO	VAL 236. DATE	23c, NAME OF C	EMETERY OR CREMAT	ORY   23d	LOCATION CITY OR TOWN			
-	Removal	12-24-80		n Mausolei	m	Vew Orl	eans 1	Parish Lo	uisiana
24.	FUNEDAL DIRECTOR		Derico Dele	on racino de l	250. DATE REC'D	. BY REGISTRA	R 25h BEGIS	TRAR'S SIGNATURE	4
100		na-Panno-F			DEC 29	1980	proper	y/Herron	7
Lhiz	5 Non Rampart	DE. NEW UP	rearis. La.		OFF				F



1	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.											
M		CEASED NAME	FIRST		MIDDLE		i	AST	2R DATE OF DEATH MONTH DAY YEAR 26. H					
Wa.	1	OK PKINI)	Lotti	e		T	enate	owski	December	11. 19	080			
-	3 SEX			4 RACE	100		DATEC	F BIRTH	& AGE (IN YEARS LAST RE	RTHDAY	IF UNDER I YEAR			
	F	emale	White		ı	NOV.	1, 1905	75	YRS	MONTHS DAYS	HOURS			
) 1	C	RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY			MARRIE	X S	9 BALTIMORE CITY	OR COUNTY		1			
50	_	iryland		U.S.A.			MIDOWE		Baltimore					
00		TY OR TOWN OF DI	ATH	(IF NOT IN SI	Donac	STREET ADO	DRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST House Wif	OF WORKING LIF		OF BUSINESS		
	USU	AL RESIDENCE HENU	RSING HOME OF	OTHER INSTITUTIO	N, GIVE RESIDENCE	E BEFORE AD			11- CYPEET ADDRESS					
14		vland		imore	Towson			134 INSIDE CITY LIMITS?	6915 Dona		rive			
		THER'S NAME			120,000			15. MOTHER'S MAIDEN NA		CHILC I	71146			
31		Alexande		MIDDLE	Ustaszewski			Mary Czarr				niecke		
1	16a \	VAS DECEASED EVE					IY NO	Mary Czarniecke						
				213-20-5280										
	-			ly one cause per line for (a), (b), and (c).				Stephen J. Ignatowski, same as #13e						
	CERTIFICATION	Non	e					NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	/EN IN PART 1	la ·		
2	N.	19a DATE OF OPER	ATION	See above # 18			PERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDE					
06	E	3/31 & 6	/16/80				3		YES NO X	s 🗌	□ NO □			
9		OR CONTRIBUTING CALLER OF SEATH HOUR A			OF INJURY A.M. MONTH P.M.	H DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18, I	PART I OR PART 2)			
	MEDICAL	21d. INJURY OCCU	RRED	21R. PLACE LAT HOME, S	E OF INJURY STREET, FACTORY, C	OFFICE, FARA	M, ETC.)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE		
	ì	sow the decen	sed alive an	Sept	ortended the deceased from 3/75/80 , 19 , to phesently , 19 , that September 19 80 , and that in (my) (aur) apinion death accurred on the date and haur and from the cause with backgrafter death.							that (I) (we causes state		
		226. SIGNATURE	lian	u Oli	with			D. ATTENDING PHYSICIAN L	MEDICAL ST.	AFF ICIAN 🗌		12/80		
T		William	J. Su	pik, M.	D			1134 York Ro		Maryla	and			
	1	BURIAL, CREMATION			10.57	- D.		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE		
		Entombment	t	12-15	-80	Dul	aney	Valley Maus.	Cockeys	ille	M	arylan		

21214

ADDRESS

Maryland

Leonard J. Ruck, Inc. 5305 Harford Rd. Balto. Md.

STATE OF MARYLAND

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

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FOR

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DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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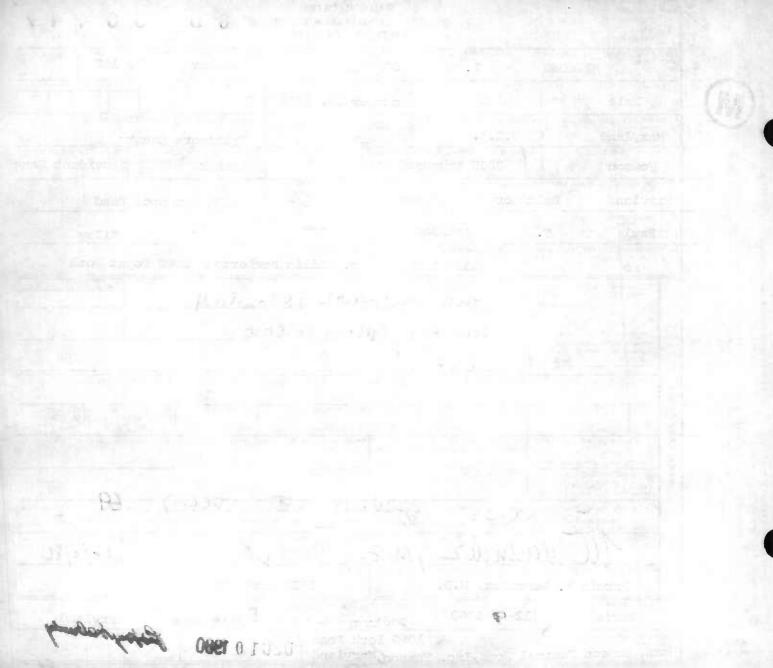
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Leroy Harris F/S 4520 Pen Lucy Road

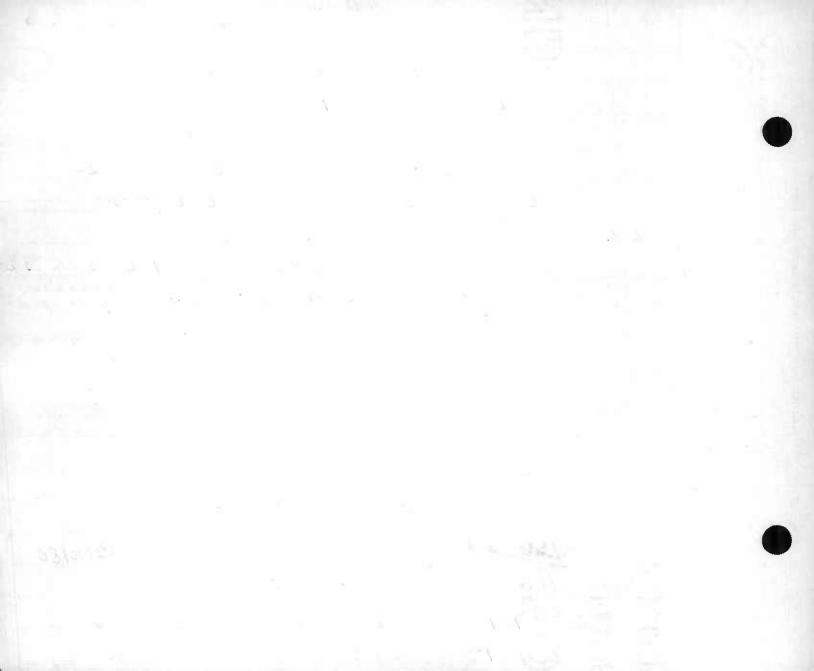


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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16a. V	WAS DECEASED EVER IN U.	S. ARMED FORCES? YES, GIVE WAR OR DATES)	213 01		17. INFORMANT William H	Jubb, Hus		Sar	ne
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TIFICATION	cause (a), stating t underlying cause la	st. (c)	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  20a AUTOPSY?  YES \( \text{NO} \text{NO} \text{TO}	20b. IF YES,	WERE FINDIN	NGS USED
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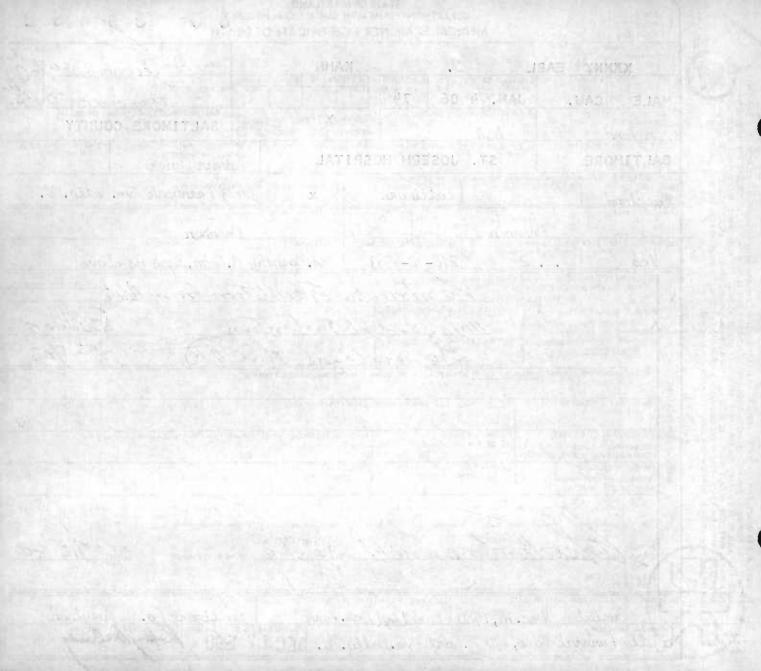
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Witzke Funeral Home of Catonsville, P.A. 21228

(VRA 15, 4) 1/79

Language Commencer Ave. Comment (Con 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST MIDDLE O. DATE KNOWN MONTH DAY 7h HOUR THRE OR PRINT ESTI-KAHN DEATH MATED KXMMX EARL embor/31980 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOL 20. DATE LAST BIRTHDAY) PRONOUNCE 4 74 YRS CAU. JAN. 06 DEAD MALE ecomby Big KC 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Za BIRTHPLACE (STATE-OR FOREIGN COUNTRY MARRIED X NEVER MARRIED BALTIMORE COUNTY WIDOWED [ DIVORCED nalana CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ST ACILIDOSEPH HOSPITAL EOR MOST OF WORKING LIFE) OR INDUSTRY BALTIMORE lavern Juner USUAL RESIDENCE IN IN URSING HOW OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Dr. STATE THE SOUNTY 134 INSIDE CITY LIMITS? 134 CITY OR TOWN 130-STREET ADDRESS bank Ave. Balto. Md. Baltimore YES X NO [ Manulano 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PRINT MIDDLE LAST MIDDLE LAST FIRST Inknown Inknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) A. Kahn. Same as above 00 Mas. Dorothy 18 CAUSE OF DEATH (Enter only one cause per line for (a) b), and (e). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 26 AUTOPSY? DEPARTMENT OF PHIOR TO BURIAL, YES [] NOVE THE EXTERNAL CAUSE WAS TIN TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER HATURE OF HOURY IN ITEM 18 FART 1 OR FART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING L OR ONTRIBUTING CAUSE OF DEATH 214 PLACE OF INJURY (ATHOME 714 INJURY OCCURRED TH LOCATION ETHEET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STAR WHILE AT WORK 27x I certify that I topic harge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from \*\*domicide Undetermined manner DATE PAGE 4 SHOUT THE TO PAGE 4 SHOUT TO FUNERAL I EXAMINER'S NAME CTYPE OR PRINT 13s BURIAL, CREMATION, REMOVAL 22s. DATE 23r. NAME OF CEMETERY OR CREMATORS 23d LOCATION Maneland Mem. Park Baltimore (o. Maryland BP 24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR DHMH-17 Mc Willy Funeral Home, 130 . Fort Ave. Balto. Md. VR A15 ME (5))



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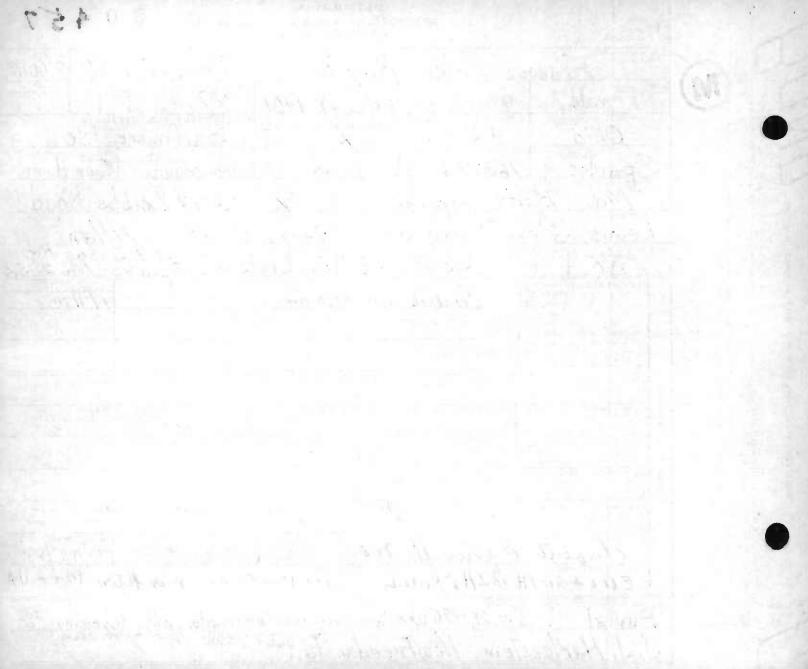
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uires that the death cert ned by the attending ph please remove carbon pa vurial, cremation, or rem jury, or other traumatic		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate cause lai, stating the underlying cause last  PART 2 OTHER SIGNIFIC ANT CO	
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or a or a OR: OR: Ise as Heal		22a   certify that (I) (this hospital saw the decased alive an	4 - 36 19 and that in (my (our) apinian death occurred an the date and have and from the causes stated
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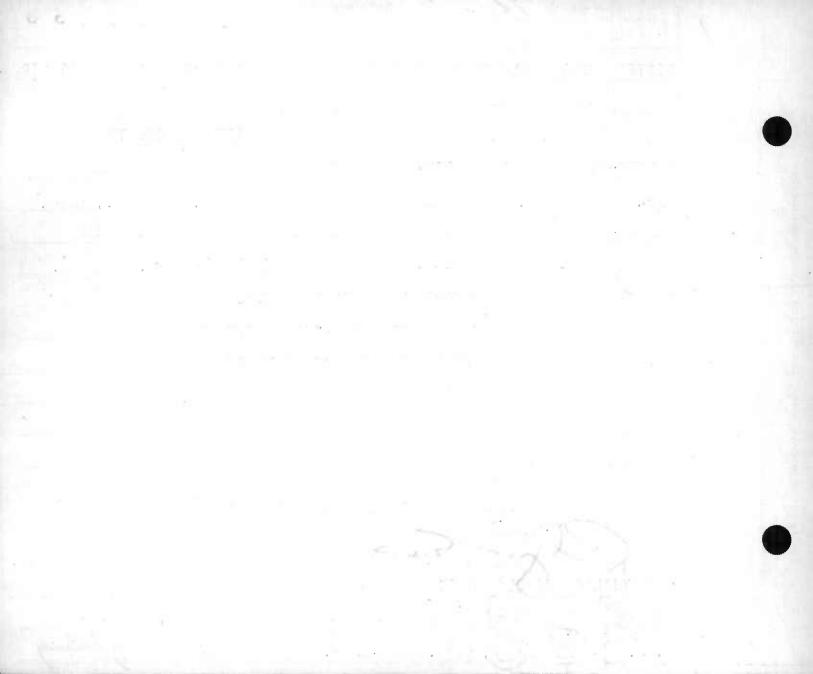
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<b>₹</b> 39 <b>8282</b>		(TYPE OR PRINT)			ADDRESS	1			e letter	
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(VRA 15 (4))





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6415 Belair Rd.

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

John C. Miller Inc.

DHMH-16 30M 2/80

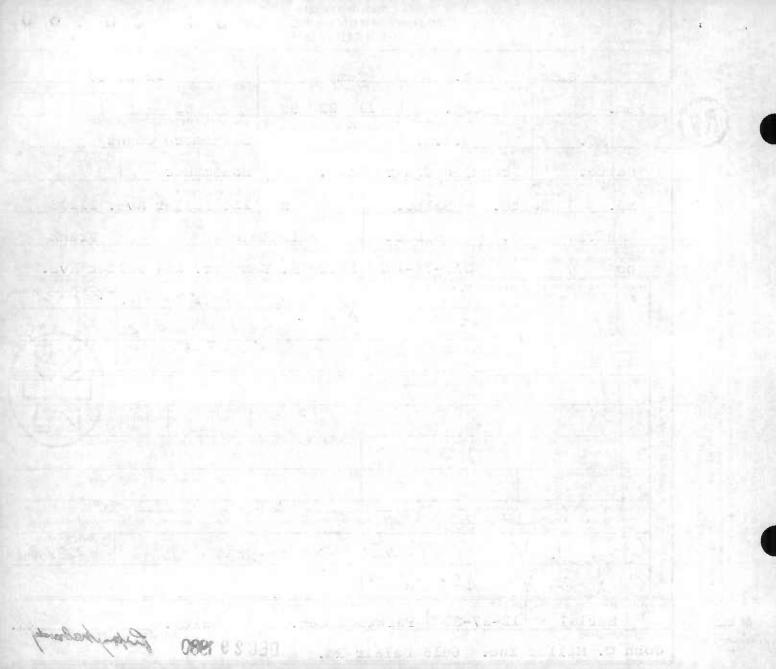
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

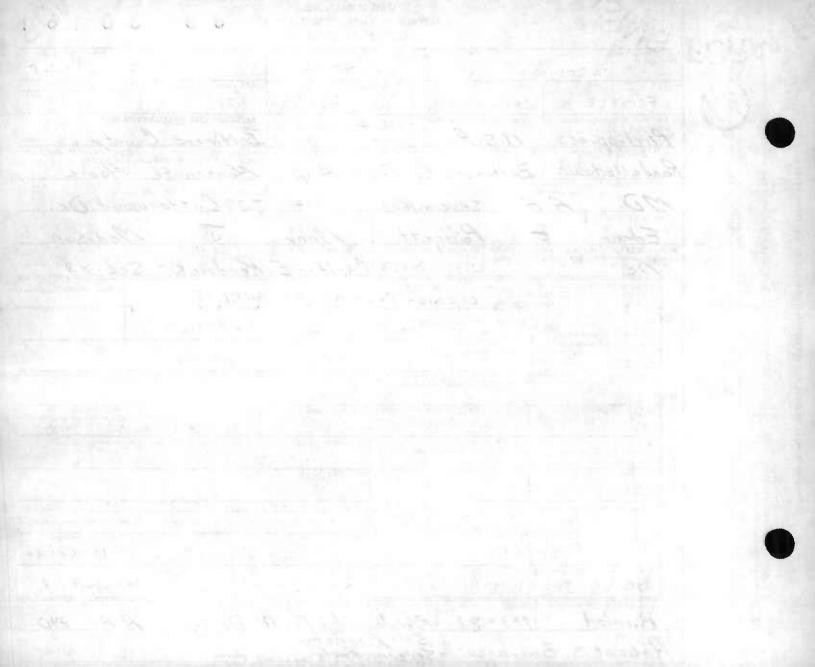
CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D, BY REGISTRAR 25b. REG



FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENED FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-12 21 1080 DEATH MATED X MARIE KENNEDY 4 RACE DAY DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE 24 HOUR IF ANY DELAY IS NECESSARY, PLE 2, AND 3 TO THE FUNERAL DIRECT 3. RETAIN PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 I LAST BIRTHDAY PRONOUNCED 24 1080 Dec 22, 1919 60 DEAD white YRS female 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. MaryTand DIVORCED WIDOWED Baltimore County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS RETITE SCHOOL TEACHER rear of Candlelight Lodge Catonsville (trailer) HIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 1, 2, AND B3 TO USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, IRLAL, CREMATION, OR REMOVAL. Rear of Candlelight Lodge 13n STATE 13d. INSIDE CITY LIMITS? Baltimore Catonsville Maryland YES [ IS. MOTHER'S MAIDEN NAME John Kennedy LAST LAST late Josephine MAS DECEASED EVER IN U.S. ARMED FORCES 165 SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES NO, OR UNKNOWN 28 9194 William M Kennedy 7 DAvid Lee Ct 21228 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Disseminated abdominal cancer IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SPACELLE EXCENTIFICATE, WRITING THE WORD "PROCE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURBALL. ABDOMEN ONL 710 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE Abdomen 220. I certify that I took charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED\_12-25-80 SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. ADDRESS 23d. LOCATION Catsonville Ito Dec 26. Westview Memorial Pk Cremation 1980 BP 24 FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25b. REGISTR Harry H Witzke 4112 Columbia RD Ellicott City **DHMH-17** (VR A15 ME (5)) 15M 2/80

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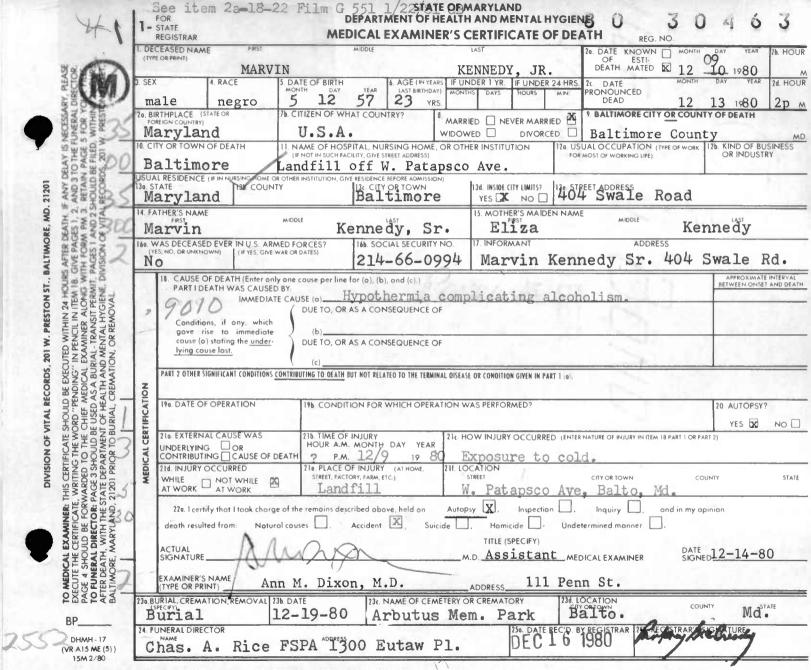
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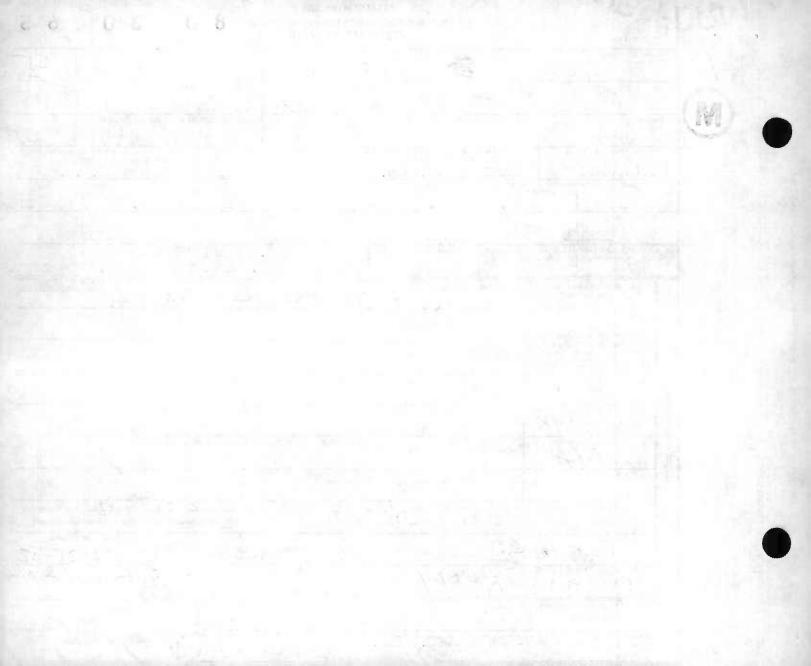
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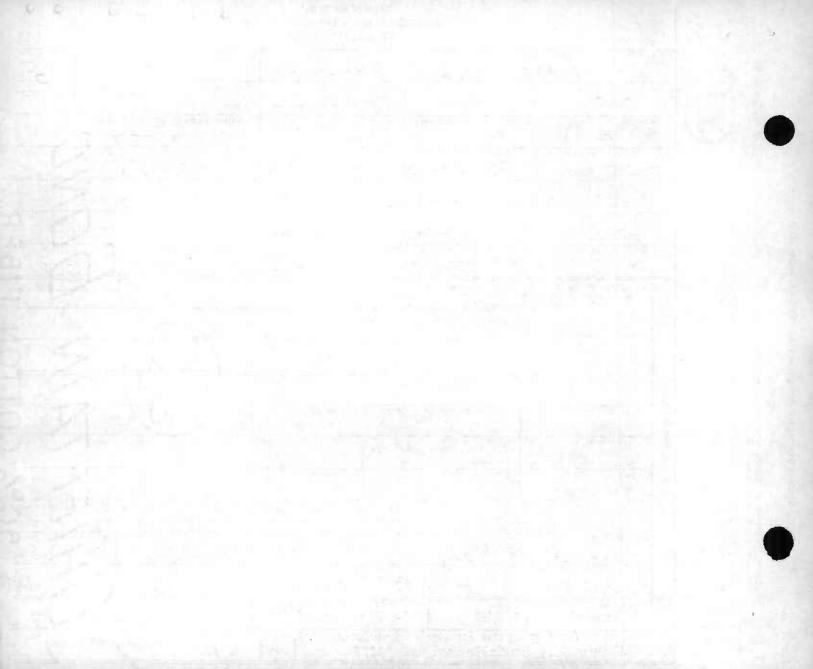
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 24 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) C. KENTNER 14, 1980 8:28 HENRY December 5. DATE OF BIRTH 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH VEAR MONTHS DAYS HOURS White Male April 30, 1896 IR BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH IN CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Baltimore County Maryland U.S.A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR St. Joseph S Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Engineer Standard Oil USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 113c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland **Baltimore** Towson 204 E. Joppa Road YES [ NO IX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Casper Kentner Margaret B. Fritch ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-01-4314 Mrs. Virginia G. Kentner Same as #13. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for jo), (b), and ic). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE/OF Conditions, if any, which gave rise to immediate couse (D), stofing DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ YES [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INITIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M THE LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.). STATE NOT WHILE WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from spw the deceased alive pn. and that in (my) (see appinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death

d 22h. SIGNATURE DEGREE 77L DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL ould be detact th the State [ 12d. PHYSICIAN'S NAME (TYPE OR MINIT) 22ª ADDRESS ORT 3400 Erdman Avenue L.B. Stevens, M.D. 0 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE COUNTY (SPECIFY) BP Gardens of Faith Cem. Dec.18,1980 Buria1 Overlea Baltimore. 24 FUNERAL DIRECTOR 25s. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland DHMH-16 25M DEC (VRA 15, 4) 1/79

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10		CEASED NAME BESS	MIDDLE SI	KE	RMISCH		Z-ZJ-80	26 HOUR
RAP)	3 St	× F EMALE	1 RACE CAVE	5 DATE (	OF BIRTUG, O.S.R.	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE MONTHS DAY	
		IRTHPLACE (STATE OR FOREIGN COUNTRY)  RUSSIA	16 CITIZEN OF WHAT COU	MARRIE	D XNEVER MARRIED		RE COUNTY	. MD
st be no		RANDALLSTOWN	11. NAME OF HOSPITAL, NIE NOT IN SUCH FACILITY, GIVEN BALTIMORE	E STREET ADDRESS)		120 USUAL OCCUPATE ITYPE OF WORK FOR MOST OF ACCOUNTA	ON 12b. KINI FWORKING LIFE) INDUSTI	OF BUSINESS OR P.A.
mid be m	130	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	E AVE., APT	
3/2	14. F	ATHER'S NAME FIRST  ISRAEL	MODIE TER	ist L	15. MOTHER'S MAIDEN NA FIRST PEARL			LAST
t, the med	160	WAS DECEASED EVER IN U.S. A IYES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIA	L SECURITY NO.		. ALBERTARES E., APT. 100		MD 2120
y. or other tra		Conditions, if any, which gave rise to immediate cause 101, stating the underlying couse lost	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)					
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Balto., Md.

21212

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 \_ 0

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REGISTRAR

DHMH-16 30M 2/80 (VRA 15, 4)

4905 York Road

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(VRA 15, 4) 1/79

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VII-		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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56	N	Maryland Balt		vson	YES NO 🔀	630 Piccadilly	Road
	14. FA	THER'S NAME FIRST	MiDOLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
SE		Joseph	M. F	arvis	Mary	J.	Harley
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	AL SECURITY NO.	17 INFORMANT	ADDRESS	
1		No	216	07 3729	Henry B.	Kimmey	Same
1		18 CAUSE OF DEATH (Enter on	nly ane cause per line for (a	1, (b), and (c),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (a)	1 et 25/31	1c Larcino	na liver	1 month
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9	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
	AEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	<	AT WORK NOT WHILE AT WORK		4		0.0.	
		220 I certify that (I) (this horning saw the deceased alive on	at) view the bady after deat	h. 19 80 ar		death occurred an the date and hour	n and from the couses stated
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Tem Tem		276. JIGNATURE &	apple 70		MD. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/70
		22b. SIGNATURE	OR PRINT)			MEDICAL STAFF DIRECTOR PHYSICIAN	
		276. JIGNATURE &		III. M.D	MQ. ATTENDING PHYSICIAN 1 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN  University Parkw	12/30/80
		22d HYSICIAN'S NAME (TYPE OD. J. Frank URIAL, CREMATION, REMOVAL	k Supplee,	III, M.D	MQ. ATTENDING PHYSICIAN 1 22e ADDRESS	University Parkw	12/30/70
IMPORTANT: H HEM	- {	22th AIGNATURE  22d HYSICIAN'S NAME (TYPE OF THE OF	k Supplee, 23b. DATE 12/31/80	III, M.D.	ATTENDING PHYSICIAN PHYSIC	Jniversity Parkw	12/30/80
	24 FU	226, HYSICIAN'S NAME (TYPE OF J. Frank URIAL, CREMATION, REMOVAL SPECIFY)	k Supplee,  12/31/80 y W. Jenki	III, M.D.  236 NAME OF C.  Greet ns & Son	ATTENDING PHYSICIAN PHYSIC	University Parkw   13d LOCATION   CITY OR TOWN	vay, Balto., Md.

Herland Comment of the Year of the Tark e Valeula White Oct. 23, 1866 77 Ealthora County U.S.A. U.S.A. Homen Ler Chu Here Toward 680 Pick till of norwall Manyland Ealtin one Tow on Kalland Research Feet Joseph M. Panis Mary J. Harley 216 07 0729 Henry B. Kinney Sure Market Comment of the Dr. J. Frank Supples, III, M.D. 201 E. University Parkway, Bello., M. Max ealto., 12/01/30 Green Mount Cremation Henry M. Jankins on wo. esos York Foas Ealto., No. 21212

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0	1-	STATE REGISTRAR		MED	ICAL EXAMIN	IER'S CER	TIFICATE C	F DEATH	REG. I	NO.		
10		CEASED NAME	FIRST		WIDDLE	LAST		20. DA	TE KNOWN	MONTH	DAY YEAR	2b HOU
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SSAL RAIN ESTO	70. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7	b. CITIZEN OF WH	AT COUNTRY?	Tr.	NEVER MARR	9. BA	TIMORE CITY			01
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IS W. SE S	10. C	ITY OR TOWN OF DEA		II. NAME OF HOSP	ITAL, NURSING HOM	E, OR OTHER IN	STITUTION	120 USUAL OC	CUPATION (T	TYPE OF WORK	126 KIND OF	BUSINESS
YAL A HES	I	lssex		Frankli	n Square He	ospital		Traini	working LIEE)		Md Cu	1p
I. IF ANY DELAY IS NECESSARY, PLEASE 7. 2. AND 3 TO THE FUNERAL DIRECTOR 7.3. RETAIN PAGE 5 FOR YOUR FILES 2. SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 201 W. PRESTON STREET	USU	AL RESIDENCE (IF IN NUR	ISING HOME OR C	OTHER INSTITUTION, GIVI	RESIDENCE BEFORE ADMISS	ION)	INCOME SITE A LANGE	lu ernes .				
S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM PM 3. RETA PAGES 1 AND 2 SHOUL INSION OF WITAL RECO		aruland	Baltir		13c. CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET AD		C		
1. IF		ATHER'S NAME				15	MOTHER'S MAID	EN NAME	Hamilto	wne C		
E2858/-/		Robert	,	MIDDLE Kina	LAST		Thelma		MIDDLE	Pii	llian	
FTER DE FORM SES 1 AN	16a. V	VAS DECEASED EVER I	IN U.S. ARME	D FORCES?	166 SOCIAL SECURIT	Y NO. 17.1	NFORMANT		ADDRE	22	urst N.	7
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UID BE EXECUTED WITHIN 24 HOURS AFTER "FENDING" IN PENCIL IN ITEM 18. GIVE PA. F. MEDIOCAL EXAMINER ALONG WITH FOR ED AS A BURIAL - TRANSIT PERMIT. PAGES I HEATH AND MENTAL HYGIENE, DIVISION 1A, CREMATION, OR REMOVAL.	z	lying couse lost.  PART 2 OTHER SIGNIFICANT	CONDITIONS COL	(c) NTRIBUTING TO OFATN B	UT NOT RELATED TO THE TERM	AINAL OISEASE OR C	ONOITION GIVEN IN PA	RT 1 (a).				
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DAGE AS AND THE EXECUTE THE CERTIFICATE.  PAGE 4 SHOULD BE FORW  TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST  BAITIMORE, MARYLAND, 2		220. I certify that I	taak charge o	of the remains desc	ribed obove, held on	Autopsy [	X. Inspectia	n . Inq	uiry 🔲,	ond in my api	inion	
MIN THE SECOND		death resulted fram:	Notural	couses X,	Accident . Su	vicide .	Homicide	Undetermine	d manner	J.		
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A H A H A H		SIGNATURE	MI	10	1	M.D	Assistan	t_MEDICAL E	XAMINER	DATE SIGNED	12-4	-80
WOE A	1	EXAMINER'S NAME	4									
TO MEDIA EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)		M. Dixon				Penn S				
3P = 4 m	23e. B	urial, cremation, re Burial	MOVAL 23b.	12/8/80	23c. NAME OF CE	METERY OR CR	EMATORY	23d. LOCATION OF TOWN Balt	imore,	Maryla		STATE
DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS.			250. DATE	REC'D. BY REGIS				v
(VR A15 ME (5))		Leonard J	Ruck I	nc. Balt.	imore, Mari	uland	DEC	5 100		agray"		



attending physicio

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. af Health and Mental Hygiene prior to burial, cremotion, or removal.

	1.	FOR  STATE REGISTRAR	DEPARTMENT OF	ATE OF MARYLAND F HEALTH AND MENTAL HYGI IFICATE OF DEATH		3 0 4	7 2
1		CEASED NAME FIRST	MIDDLE	LAST	REG. NO 20. DATE OF DEATH		2b. HOUR
1	(TYP)	Stella	K	INSTLER	December 1	8. 1980	4:10 a
	3. SE	F	4. RACE S. DATE	ARIL DAY JEAR 12	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
935		COUNTRY)Md1	U,S, H WIDON	RIED NEVER MARRIED NEVER NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER NEVER NEVER NEVER NEVER NEVER NEVER NEVER	9. BALTIMORE CITY OF Baltimore		MD
Politica 1	R	ossville	11. NAME OF HOSPITAL, NURSING HOME THE NOT IN SUCH FICELITY, GIVE STREET ADDRESS!	ESPIVAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	Home C
3	13a.	JAL RESIDENCE (IF NURSING HOME OR I STATE 13b: TOUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	edith Ro	ond
Sex Somina		ATHER'S NAME HEHRY	Ple Becker	15. MOTHER'S MAIDEN NAM	Z Z	Bieni	Her
the medica	16a \	WAS DECEASED EVER IN U.S., ARA (YES, NO DRIVING NOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY NO 2/5 05-68/8	MARIE (	7 ADDRE	2607 MAHO	MATE INTERVAL ONSET AND DEATH
injury, ar other troumotic ex		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) Dehydration  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BI		nai disfase or conf	DITION GIVEN IN PART 1:	
Cunlui	NO			ral Poor Condit			
Shaws any	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT		20a AUTOPSY?  YES NO X	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA.  (IF EITHER, NOTIFY MEDICAL EXAMINER)			ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
is morked or frem 18	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 EOCATION STREET	CITY OR TO	WN COUNTY	STATE
Item 21 is mo		22a I certify that XI) (this hospit saw the deceased alive on above, it live) (did) (the net 27i SIC)	December 18 19 80	ond that in (***) (our) opinion of DEGREE	, toDecembe	, 17,	
IMPORTANT: If Item 21		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	FIAMED 12/	18/80
IMPORT	22-	1	asvidal M.D.		lin Square	Drive 21237	
		BURIAL CREMATION, REMOVAL	12/22/80 More	AND MEMORIA	23d. LOCATION	LIMERE 6.	Md
10	1	NAME VANS FUNE	ral 8800 Hartore	/ Rd 250. DE	C 4 1980°	25b TIMES SIGNAT	may .

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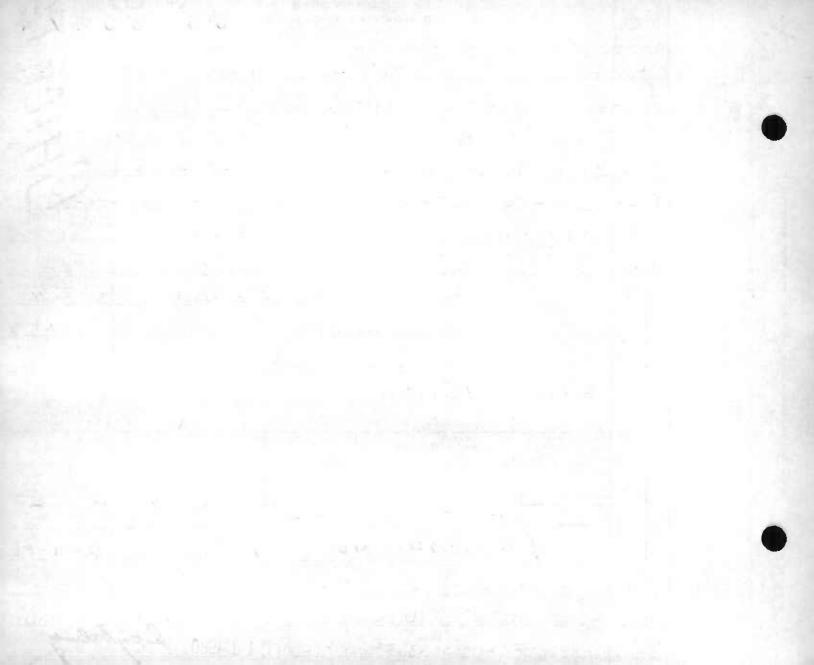
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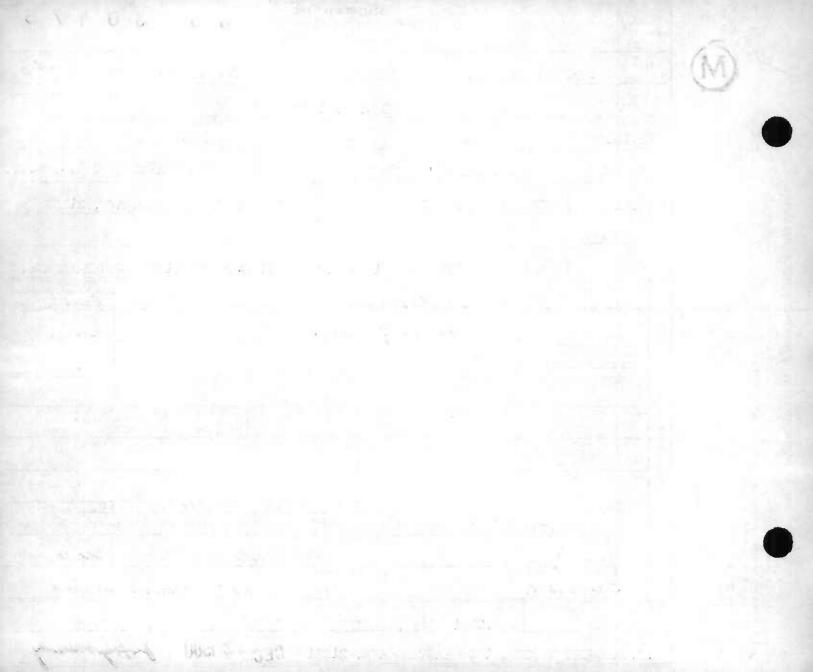
6	FOR	DEI	STATE OF MARYLAND	200 20	7 0 1 3	7 -1
2	- STATE REGISTRAR		PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		o.	3
m.5	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26 H	HOUR
8.0	Marie	Α.	Klehm		12 25 80	,
1	3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		NDER 24 HRS
M)	Fem.	Cau.	5 16	92 88		KS MIN.
200	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MARI	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
5/	Germany	U.S.A.			e County	MI
2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUT	TION 120 USUAL OCCUPAT	ION 12b. KIND OF BUS	INESS OR
158	Towson		ph's Hosp.	Seamstre		ed
st be	USUAL RESIDENCE (IF NURSING HOLL)	THER INSTITUTION GIVE RESIDENCE INTY		IMITS? 13e STREET ADDRESS		
彭5	Md.		Ito. YES X NO		dbourne Ave.	
Tine	14 FATHER'S NAME	MIDDLE LA	IS. MOTHER'S MA			
3:00	Carl	Mars	TINOT	unkr	n <b>own</b>	
fice	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL	SECURITY NO. 17. INFORMANT	ADDRI	ESS	
E	no		01-8730 Caroli	ne Chinquina	Woodbourne	Ave.
, the	18 CAUSE OF DEATH (Enter of	anly ane cause per line far (o), (		and to	APPROXIMATE IN	NTERVAL AND DEATH
o La	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Cardene C	ween		
or re ofic	4292	DUE TO, ORASI A CÓN	SEQUENCE OF A V. O. C.	1011	1 . 1 11	11.1
E Non	Conditions, if ony, which	( b) Clette	a sellone 4	ardio Vascul	alaman 70	7
or fr	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
oth o	underlying cause lost.	(c)				
buric ny, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
in i	OI P	neuconce				
s ony	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORME	D 200 AUTOPSY?	20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI	ISED EATH2
shows	ATT.			YES NO		
18 5			DAY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
or Item 18 sh	(IF EITHER, NOTIFY MEDICAL EXAMIN		19			
io p	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
orke	AT WORK NOT WHILE AT WORK		11 Soles	80 207	Dea an	
is m		onal) attended the deceased		10		I) (We) last
21	sow the deceased alive a obove, (I) (we) (did) (did)	n ot) view the body ofter death.	1920, and that in (my) (our)	opinion death occurred on the d	ate and haur and from the causes	stated
He He	22b. SIGNATURE	10,-1	DEGREE		22c. DATE SIGN	ED O
Ę	eval	qu) - / a	M/) ATTEN	NDING MEDICAL STA	IAN D ZINC	reac
7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	720 ADDRESS	Mouldin	111 1 - 111	,
IMPORTANT	WALIE	-1 /- /7	1	1001con	MC1 2111	
4	230 BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREM	AATORY 23d. LOCATION	COUNTY	67,77
	Burial	12-29-80	Holly Hill Ce	em. Balt		. Md
2/80	24 FUNERAL DIRECTOR	ADD	RESS	250. DATE REC'D. BY REGISTRAR	25b. REGUTRAR'S SKY VATVOE	dy
	John C. Mille	er Inc. 6415	Belair Rd.	RECES A DOOR	Lil.	/

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H		1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 0 0 0 0 1	4
		1 DE	CEASED NAME FIRST	MIDDLE LAST	REG. NO.  2a DATE OF DEATH MONTH DAY YEAR 2b HC	OUR
be 3		(TYPE	OR PRINT)	t1:m0		45 P
6 6 6	9	3. SE	HINNA	4 RACE 5. DATE OF BIRTH		DER 24 HRS
7 mars	1	F	MALL	WHITE SEPT- 27 1893	5 85 YRS. MONTHS DAYS HOURS	S MIN
- 【题】		7a. BI	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY? 8	IP BALTIMORE CITY OR COUNTY OF DEATH	
£ 34 8	101	0	EW JERSEY	U.S.A. MARRIED WINEVER MARRIED WIDOWED DIVORCED		7-1
4 34 5	0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSIN	INESS O
toth deduction	70	T	owson	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON CONVALSCENT HOL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
The Part of	2	JUSU/	AL RESIDENCE (IF NURSING HOME	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		
No 24 No	50	7	TATE 136 COL		136 STREET ADDRESS 14 ALSTON ROAD	
4 44		14 FA	THER'S NAME	15 MOTHER'S MAIDEN	NAME	
MARYLAND 2120 ed within 24 hours inpliniely tilled in by and 2 should be tile	031		Unko	MIDDLE LAST FIRST	UNKNOUN	
- Day 14		16a V	(AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
BALTIMORE, cote be executed by sician and a papers. Pages vol.		1	LO (IF 125, GI	213749346 FAMIL	4 RECORDS	
SALT orte E sicio pers ool.			18 CAUSE OF DEATH (Enter of	inly ane couse per line far (a), (b), and (c)	APPROXIMATE INT BETWEEN ONSET AN	TERVAL ND DEATH
T., tiffice tiffice on population of populat			PART I. DEATH WAS CAUS	ATE CAUSE (a) Cerebrovas culey	Accident 2 mon	this
ON S  Th cer  Inding  carbo  carbo  carbo			4409	DUE TO, OR AS A CONSEQUENCE OF		
PRESTON he death a he attendin mation, or			Conditions, if any, which	( b) Arteroschoons	Yen	5
0 0			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
201 W. P es that th ned by the please re- urral, crem			underlying cause last.	(c)		
		7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
req red t Th or to		TIO	havet	es M-ellitus		
low refermit		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	ATH?
TALR The licion. Ite has not per	06	ERTI	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY   216 HOW INJURY OCC	YES NO YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)	
> X 24 0 0 T 8	CI	_	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
HYSICIA nding pl nding pl his certif buriol-t		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 21f LOCATION		
DIVISION C ING PHYSIC r attending After this cer as the buric ith and Meni		ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY	STATE
DING or o Afte			AT WORK AT WORK	ontal) attended the deceased from, 19_7	14 to 13 7 19 50 that (I)	(m-) la-
			saw the deceased alive a	12 - 5 19 50 and that in (my) tour april	nian death accurred an the date and haur and fram the causes s	stated
			abave, (I) (we) (drd) (did n 22b. SIGNATURE	ati view the bady after death.  DEGREE	22c DATE SIGNED	
The Debt of H				N a la	IC MEDICAL STAFE	-80
E 0 E 4 Z			22d. PHYSICIAN'S NAME (TYPE	FITISICIA	N DIRECTOR PHYSICIAN	
TO HOSPITAL TO FUNERAL should be defined by the store with the Store IMPORTANT:	1		John R. C	maris Maria	PROTESSIONAL BLAG	
10 retor		23a P	URIAL, CREMATION, REMOVA	L 236, DATE 236, NAME OF CEMETERY OR CREMATO	DRY 123d LOCATION	-
BP		C	PECIFY)	12-10-1980 DU ANSY VALLEY	CITY OR TOWN COUNTY S	STATE
DHMH - 16 60M 1/75	7	24 FL	INERAL DIRECTOR	[25a.	DATE REC'D. BY REGISTRAN THE TRANSPORTURE	m.
(VR A 15 (4))		2.	NAME ANS MUDDEL	OF CHIMES 2325 YORK ROADDE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1	DID CUUIST	OF CHILLES WOOD TOWN WOUNDED	01000	



-	1 -	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYC FICATE OF DEATH	REG. N	o'.	0 4	, ,
1		CEASED NAME FIRS		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	7/5 C
1	3 SE	STEPHE	EN 4 RACE	L.	KMIEC		Dec 1	9	1980	1
	3 35.	MALE	WHIT	T.	5. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS MIN
2	7a. BI	RTHPLACE (STATE OR FOREIGN		OF WHAT COUNTRY?	8		9 BALTIMORE CITY C	PR COUNT	Y OF DEATH	
C		ARYLAND	U.S.	Α.	WIDOW	ED NEVER MARRIED	BALTIMORE			,
58		OWSON	ST.	JOSEPH'S H	OSPIT		120 USUAL OCCUPAT			G.&E.C
35	13a. S		OME OR OTHER INSTITUTI COUNTY SEDALE	13c CITY OR TOW BALTIMOF	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 1022 BEEC	HDALE	AVE. 2	1237
30	14. FA	THER'S NAME FIRST MTCHAEL	MIDDLE	KMIECIA	ζ	15 MOTHER'S MAIDEN NA	UNKNOWN		LAS	ST.
	16a V	AS DECEASED EVER IN U	S. ARMED FORCES			17 INFORMANT	ADDRE			
4		YES	IWW	212-05-5	5071	mrs.FLORENCE	KACZYNSKI,	1022		
oumatic event, the		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one couse p AUSED BY:	per line for (a), (b), and	dicil				46	MATE INTERVAL
		5810 IMM	EDIATE CAUSE (0)	sipul	em	<u></u>		-	Bu	*C
		Canditions, if any, which		OR AS PENSEOUE	Fa	eline			chro	nce
		gave rise to immedio cause (a), stating th	he DUE TO.	OR AS A CONSEQUE	NCE OF					
		underlying cause los	(c)	CONTRIBUTION	SEATURITE	Not be used to the tea				
	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GI	VEN IN PART 10	3
9	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTI	ES, WERE FINDIN	NGS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18,	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LATHOME	CE OF INJURY STREET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		220.1 certify tho (1) (this	hospital) attended	the deceosed from	Su !	\$ 19.80	to Deel	7		that (we) la
of Heolif		sow the deceased all above, (1) (we) (did) (	not) view the bo	dy atter death.	, ,	nd that in (my) (our) opinion	death occurred on the de	ote and ho		
						DEGREE ATTENDING	MEDICAL STAI		Dee Dee	20 ,1980
		22b. SIGNATURE								
		22d. PHYSICIAN'S NAME (	TYPE OR PRINT)			22e ADDRESS	J DIKECTOK   FITTSIC	IAI		
1		ha							ma 210	93
1	23a B	22d. PHYSICIAN'S NAME	DVAL 236. DATE			22e ADDRESS	RD WTH	RVILLE	COUNTY  LARYLAND	93 STATE



T	DECE	ASED NAME	FIRST		MIDDLE	XAMINER	LAST	CATEO		O. DATE KNO	REG. NO	MONTH		YEAR	7b. HOUR
	CEM	11.00	DONAL		· No		NIGHT			DEATH MA	ATED _			9 80	M
7	sex fem	ale wh	ite	May 26,	1942	6. AGE (IN YEARS LAST BIRTHDAY) 7	FUNDER 1 YR.	HOURS HOURS		C DATE RONOUNCED DEAD	D	12	25	YEAR 19 80	2:35 a M
3	FOREK	PLACE (STATE OR IN COUNTRY)	100	76. CITIZEN OF WE	AT COUNT	, P	ARRIED AND	EVER MARRI	ED 🔲	BALTIMORE B	_	_	Cou		MD
11	). CITY	OR TOWN OF DE		II. NAME OF HOS	CILITY, GIVE ST	REET ADDRESS)	OTHER INSTITU	JTION	FOR M	AL OCCUPATIONS OF WORKING	ION (TYPE		12b. KIN	D OF BU	SINESS
U		ESIDENCE (IF IN NI	13b. COUNTY	OTHER INSTITUTION, GIV	E RESIDENCE E		13d. INSIDE		13e STRE	et address O Woods	son l	Road		212	
		ER'S NAME FIRST C.		WIDDLE	ı	AST	15. MOTH	ER'S MAIDE FIRST	nname	e Benni.	S		L	AST	
1	d. WAS	DECEASED EVER	(IF YES, GIVE W			AL SECURITY NO	17. INFOR			A	DDRESS				
F	I	No	711/5	ane cause per line	215		[Ear]	C. N	ell	Same				ROXIMATE	
-		Canditians, if gave rise to cause (a) statin- lying cause last	immediate g the <u>under</u> -	(c)		EQUENCE OF	SEASE DR CONDITIE	DN GIVEN IN PAI	II 1 (a),						
1	ICAT	g. DATE OF OPER	ATION	196. CONDIT	ION FOR V	HICH OPERATIO	N WAS PERFO	RMED?	1				20 AL	JTOPSY?	
	O CO	O. EXTERNAL CAU	OR CAUSE OF DE		MONTH	DAY YEAR	c HOW INJUR	Y OCCURRE	D (ENTER NA	ATURE OF INJURY I	IN ITEM 18 P	PART 1 OR P.		ES 🔀	NO []
	WED X	I INJURY OCCUP THILE NOT TWORK AT V	WHILE D	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ETO	(AT HOME, 21	STREET			CITY OR TOWN		C	YTHUC		STATE
		22a. I certify that leath resulted from		af the remains desc	Accident	e, held an A	TITLE (	Inspection icide	Undeter	Inquiry	er .	d in my o		-25-	80

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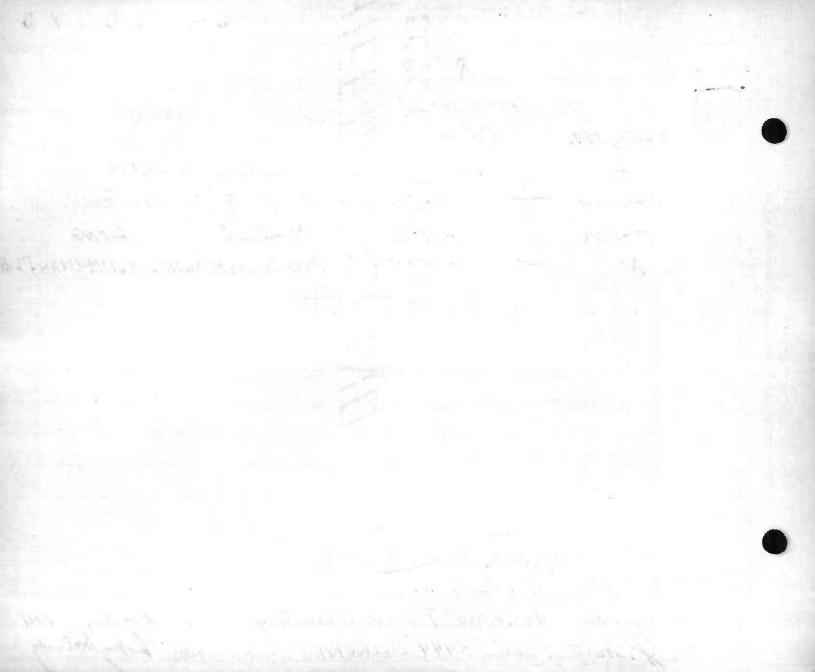
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				STATE OF MARYLAND		
		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 3	0 4 7 7
			CEASED NAME FIRST	MIDDLE LAST	26 DATE OF DEATH MONTH OA	Y YEAR 26 HOUR
53		,	IRENE	= Chlora HNICHT	12-29.	-80 125 M
(M		3 SE		white State of BIRTH ADMIT  AUG. 23 1917		FUNDER 1 YEAR IF UNDER 24 HRS
721	302	70.8	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DINORCED	BALTIMORE CITY OR COUNTY C	DE DEATH MD
by the fo	T Spe not	10 C	ANDALSTOWN	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (FIND IN SUCH FACILITY, CONSTRUET ADDRESS)  12. A 1 TO . Co. Gen. 1 TOS D.	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
tely filled in b should be file	miner mus	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 135 SOUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13. STREET ADDRESS Chur	ch Rd.
completely and 2 sho	30	14 F.	AL Bet	MODIE KELLTHER IS MOTHER'S MAIDEN NA	MA MODIE Edw	Avds
an and co	t, the me		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? IND SOCIAL SECURITY NO. 17 INFORMANT 487-32-8768 CLINTON	Knight Reist	Church Rd
g physici n papers. removal.	atic even		PART I. DEATH WAS CAUSE	ily ane cause per line far (a), (b), and (c), ) D BY TE CAUSE (a)  W. D. Cedul III	F	RETWEEN ONSET AND DEATH
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sen signe Then ple or to bur	any injur	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART To
ite has be permit. jiene pric	2 shows	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ohysician. s certificat al-transit p ental Hygii	or Item 18		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
After this the buris	marked o	MEDICAL	21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or a DIRECTOR: hed for use a Dept. of Heal	em 21 is		saw the deceased alive an abave (1) (we) (did) (did no	tal) attended the deceased fram, 19	death occurred an the date and hour o	
the AL etac ste	NT: If I		THE SIGNATURE LAD		MEDICAL STAFF DIRECTOR   PHYSICIAN	12/29/80
TO FUNER should be di with the Sta	MPORTANT		J Stephen	1	Deligle u	- js ned A
BP	-		BURIAL, CREMATION, REMOVAL	Dec. 31, 1980 LAKE View Mem. Pl	K. Sykesville C	arrell lited
DHMH-16: (VRA 15, 4)		24 #	HAL DIRECTOR CELL	ard Owings Millshal DE	TEREGOD BY REGISTRAR 21	SIGNATURE

TREW CHES HARRY 12 12 11 1 2 Franche Min of 1917 63 Edward Stones - Latter College Hosp Edward College The Act of the State of the Sta the collection to the collection

	. DEC	STATE REGISTRAR EASED NAME FIRST OR PRINT)	M	MIDDLE R.	INER'S CERTIFIC	CATE OF DEA	20 DATE KNOWN OF ESTI-		DAY YEAR	b. HOUR
EET. 3.	0=14	PETER 14 RACE		1	KNORR		DEATH MATED		4 19 80	М
	SEX		5. DATE OF BIRT	Y YEAR LAST BIR	THDAY) MONTHS DAYS	IF UNDER 24 HRS.	PRONOUNCED	MONTH		12:1
通)	b. BIR	ale white	MARCH 2 76. CITIZEN OF	1.1443 37 WHAT COUNTRY?	YRS.		9 BALTIMORE CITY	OR COUNTY	4 19 80	ам
3/5	1	BALTO. Md.	1).	SA	MARRIED WE	VER MARRIED U		_		
807		Y OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HO	OME, OR OTHER INSTITU	TION 12a US	Baltimon			NESS
58		Towson	St.	Joseph's H	lospital	62.	MOST OF WORKING LIFE)	APhER	OK INDUSTRY	
10 _ /13	JSUAI Je. ST	RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION,	13c CITY OR TOW	N 13d INSIDE (	ITY LIMITS? 13e. STE	REET ADDRESS	7	,	
25 200 E	1 EA	THER'S MAME		BALTO	YES P	NO D 5	617 MCC	EAN BL	vd,	
Signal Source State Stat	4. FA	FIRST	MIDDLE	L LAST	F	IRST	MIDDLE	1.	LAST	
16	60. W	AS DECEASED EYER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECU		MANT	ADDRE	SS LO	NG	
2	(YES	S, NO, OR UNKNOWN (IF YES, GIVE W	AR OR DATES)	212-42	-7917 M	ec/ Nive	M. KNORR	51.17/	YCHEAN	REAR
		18 CAUSE OF DEATH (Enter only	ane cause per li	ine far (a), (b), and (c).)		CO ALCICIA (	T, Ment	36171	APPROXIMATE IN	ITERVAL
		PART I DEATH WAS CAUSED	RY.		rdial infar	et			SETWEEN ONSET A	NU DEATH
OF HEATH AND MENTAL HEAVILL OF HEATH AND MENTAL HEAVILL IRIAL, CREMATION, OR REMOVAL.		410		OR AS A CONSEQUEN						5.0
R RE	-	Conditions, if any, which gave rise to immediate	(b)							
Ö		cause (a) stating the under- lying couse last.	DUE TO, C	DR AS A CONSEQUEN	CE OF					
		PART 2 OTNER SIGNIFICANT CONDITIONS C	(c)	IN BUT NOT BELLYED TO THE	TANINA DIFFER OF COURTS	N COURT IN CASE A				
		TAKE 2 OTHER STORICTORY CONDITIONS	DNIKIBUTINO TO DEA	IN BOL HOL KETALED TO THE	ERWINAL BIZEAZE OK (ONDITIO	N GIVEN IN PART 1 (0).				
7	CERTIFICATION	190. DATE OF OPERATION	19h CON	DITION FOR WHICH O	PERATION WAS PERFOR	MED?			2D AUTOPSY?	
Ш	TIF								YES 🖈	NO 🗌
		210 EXTERNAL CAUSE WAS		OF INJURY .M. MONTH DAY Y	21c. HOW INJURY	OCCURRED IENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
7	5	CONTRIBUTING CAUSE OF D		.M. 19	24 105175					
	MEC	WHILE IN NOT WHILE IN		E OF INJURY (AT HOMI ACTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY		STATE
		AT WORK AT WORK								
		220. I certily that I taak charge				Inspection		and in my apinio	nc	
		death resulted fram: Nature	al causes 💢,	Accident .	Suicide , Hamic		termined manner	١,		
2		ACTUAL A	1)1	M	TITLE (S	atont		DATE 1	12-4-80	
MARYD		SIGNATURE A	1 -11	/1\						
AFIEK UEATH, WITH THE STATE DEPORT MENT OF THE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		SIGNATURE	X		M.U. =100	MEL	DICAL EXAMINER	SIGNED		
2		EXAMINER'S NAME (TYPE OR PRINT)  Ann	M. Dix	on, M.D.	ADDRESS_	,	n St.	SIGNED_		
STATE MAKE		EXAMINER'S NAME (TYPE OR PRINT)	M. Dix		_ADDRESS_	111 Per		SIGNED -	STATI	
	3a. BU (SP	EXAMINER'S NAME (TYPE OR PRINT)  RIAL, CREMATION, REMOVAL 23			ADDRESS_CEMETERY OR CREMATO	111 Per	n St.	BALTO	1 14	id.
	3a. BU (SP	EXAMINER'S NAME (TYPE OR PRINT)  RIAL, CREMATION, REMOVAL 23			ADDRESS_CEMETERY OR CREMATO	111 Per	n St.	BALTO	1 14	id.



12.5			FOR		DEPART!	MENT OF	HEALTH	AND M	ND ENTAL H	YGIEN	E) /'\		3 0	A 7	1 9
10			STATE REGISTRAR			EXAMIN						REG. NO	5 0		
1			CEASED NAME FIRST		MIDDLE			LAST	ac III		2a. DATE KI	NOWN IX	MONTH	DAY YEAR	HOUR 4
	SE. SE.	(1779	ROSE ROSE	^	1AR	Y	K	OZ	AK	900	OF DEATH A	ESTI-	19/	30 19 8	0 4.20
	FILE	3. SE)		5. DATE OF BIRTH	YEAR	6 AGE (IN YE			IF UNDER		2c. DATE		HTMOM	DAY YEA	
	DIRE DUR 72 H SN S	FE	MALE CAUCAS.	MONTH DAY	07	73 YE		DAYS	HOURS	MIN.	PRONOUNC DEAD	ED	12/2	30 198	0 2 73 M
	RAL WRAL	7a. B1	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	IAT COUN	TRY?	8. MARRI	ED THE	VER MARRI	ED 🗆	9. BALTIMO	RE CITY O	COPNT	Y OF DEATH	
	S NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. W PRESTON STREET,	MA	RYLAND	USA			WIDOW		DIVORC		BALT	IM ORI	E CO	UNTY	MD.
	AY IS THE PAGE AGE	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NUR	REET ADDRESS)	, OR OTH		TION	120. USU	AL OCCUPA	TION (TYPE	OF WORK	12b. KIND OF I	BUSINESS
	DELAY IS N TO THE FI N PAGE 5 BE FILED.	WE		6051 LC	RELE	Y BEA	ACH I	RD.		HOU	JSEWI.	FE.	100		
5	TAIN TAIN TORDS	13a. S	L RESIDENCE (IF IN NURSING HOME OF	TY	131. CUTY	OR TOWN	ON)	13d INSIDE C	ITY LIMITS3-	13e. STRI	EFADDRES	ו זינוס ו	TYPE TO	DA OTI I	
21201	A A B O B	-	RYLAND BALT	IMORE	MHTI	E MAL	(SH	YES 🗌	NO 🖺		ים וכנ	UKEL	LY D	EACH 1	TD.
WD.	F-WOS	14. FA	THER'S NAME VINCENT	MIDDLE	PAZ	DERKA	7	ROS	ER'S MAIDE	N NAME	MIDE	DLE		LAST	
AOR	FTER DE FORM FORM ON OR	16a. V	AS DECEASED EVER IN U.S. ARA	AED FORCES?	1000	IAL SECURITY		17. INFOR		100	4 - 4	ADDRESS			
BALTIMORE,	SGTZA	11	NO		2147	40267	7	JERF	RY KC	ZAK	6051	LOR	ELEY	BEACI	H RD.
ST., B/	18. OUR		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y ane couse per line	for (a), (b),	, and (c).)		1				<b>30 TO</b>		APPROXIMA BETWEEN ON:	TE INTERVAL
	TEM ITEM IONO PERM SIENE			E CAUSE (a)	-	um	on	ce							
PRESTON	SIT P HYG	7	Conditions, if any, which	DUE TO, OR	PACON	SEQUENCE	OF							13.70	
oc o.	PENCIL (AMINE) (L-TRAN) (ENTAL)		gave rise to immediate	(b)	In	Jen	an	2a							
301 W.	XAN XAN XAN XAN XAN XAN	100	couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CON	SECUENCE (	OF (	0							
	A E E E E E E E E E E E E E E E E E E E	K.	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	HT NOT DEL AT	TED TO THE TERM	INAL DICTACE	OR COMOUND	N CHICA IN DA						
RECORDS,	ESHOULD BE EXECUTED WITHIN 24 HOURS O'RD "PENDING" IN PENCIL IN ITEM 18. GECHIEF MEDICAL EXAMINER ALONG WITHIN OF HEALTH AND MENTAL HYGIENE, DIV RIAL, CREMATION, OR REMOVAL.	Z	The sould something conditions	CONTRIDUCTION OF DEATH (	OI NOI KELA	IED TO THE TERM	INAL DISEASE	OK CONDITIO	N GIVEN IN PAI	KI I (0).					
EC	PEN	ATIC	19a. DATE OF OPERATION	196. CONDIT	ION FOR V	WHICH OPER	ATION W.	AS PERFOR	MED?				100	20. AUTOPS	Y?
ITAL	WORD "P WORD "P HE CHIEF O BE USEI ENT OF H	CERTIFICATION												YES 🗆	но П
P V	WO WO BE BURI	CERI	210. EXTERNAL CAUSE WAS	216. TIME OF		DAY VEAR	21c. HC	W INJURY	OCCURRE	D (ENTER N	ATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PAR		
NO	THE TO THE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		MONIH	DAY YEAR									
DIVISION OF VITAL		MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	F INJURY	(AT HOME,		TREET			CITY OR TOWN		COL	VIII	STATE
5	INER: THIS CERICATE, WRITING FORWARDED FOR: PAGE 3 S THE STATE DEP ND, 21201 PRIO	>	WHILE NOT WHILE C	)	OKT, FARM, ET	0.1		THE P			CITORIOWN		COC	NAL I	SIAIE
	R: THIS ORWAR ORWAR R: PAGE E STATE		22a. I certify that I taak charg	e af the remains desc	ribed abov	ve, held on	Autops	у 🔲 .	Inspection	X	Inquiry D	and	in_my op	inian	
	AINE FICA SE FICA AND AND		death resulted fram: Natur	al Pauses X,	Accident	Sui	icide .	, Hamio			ermined man				
	XAA SERT SERT SIRE WITH ARYL		KON	116.		VI		TITLE (S	PECIFY)	+				. 0	10/
	AL HOUNTH	-	ACTUAL SIGNATURE	14 CM	m	100	M.	D. DE	gne	MEDI	CAL EXAMIN	VER ,	DATE	0 12	20/20
	EDIC TTE T TTE T TNER AORI		EXAMINER'S NAME V	PAHI	111	JAI	IA		0	0	. ()	01.1	Lu 1	2 11	21222
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BATIMORE, MARYLAND, 217	ar'	(TYPE OR PRINT)	. ////	-00	VIIZ		ADDRESS_	211)	UM	mon	NET.	,		21/22
			PECIFY) BURIAL	12/81		ARDEN				CITY O	ALTO.		COUN	TTO .	STATE
	BP	24. FI	JNERAL DIRECTOR	13/01	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	الاجتارية عم	O OT.				REGISTRAR	25b. REGIS	TRAR'S S	IGNATURE	1.2 gh ( •
	(VR A15 ME (5))		NAMPLA (west	1211 C	ecaci	Are -		- 14	MAI	N 5	1981	200	forey ,	McCres	ly
	15M 7/77	_	10-1	101101	Clark.	2.7.			40111		1001				

.0		FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	3 (	) 4	8 0
10		DECEASED NAME TYPE OR PRINT)	FIRST	N	AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1 2 20			JUNE		E		AFT	/	2/26/	80	155 am
100	3	FEMALE		WHITE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.		HOURS MIN
	5	Marylar	id	USA	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O			MD
to after a sheet of the full and the full and fu	8	TOWSON	FDEATH	SAINT	JOSEP		PITAL	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
AND 213 n. 24 hou filled in hould be finust be	3	SUAL RESIDENCE (1 30 STATE Marylan (	13b COUN		Baltir	MN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 6401 Loc	A h Rave	pt. L n Blv	+05 rd.2123
MARYL ted within ompletely ond 2 si	22	FATHER'S NAME FIRST Russe		MIDDLE	Stic	kley	15. MOTHER'S MAIDEN NA FIRST	WIDDLE			nter
be execution on one control on one control	11	WAS DECEASED (YES, NO OR UNKNOW NO	N) (IF YES, GIVE	WAR OR DATES)	217-30	-3232	Theresa I	l KinWå lugust,dgh		ce,Ar 212	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hourst ratending physician.  Where this certificate has been signed by the oftending physician and completely lifted in the state this certificate has been signed by the ottending physician and completely lifted in the ost the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be the ond Mental Hygrene prior to buriol, cremation, or remayol.		Conditions, if gove rise to couse (a), underlying	dny, which immediate stating the couse last.	DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONSEQUENT AS A CONSEQU	JENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN		MATE INTERVAL NSET AND DEATH
AL RECORE he low req ion. thos been is the permit. The tene prior te	2	I 19a DATE OF OI	PERATION	19b. CONDI	TION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
N OF VITA SICIAN: TI ng physicie certificate unial-transif hem 18 she	/	00.00.100.01.00.00	AS UNDERLYING CAUSE OF DEA		M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2)	
DIVISION DING PHYS or attendir After this e e os the bu morked or I		(IF EITHER, NOTIFY  21d. IN JURY OC  WHILE AT WORK	CURRED NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDIN spitol or CTOR: A d for use of Health		sow the de above, (1) (	ceased olive on, we) (did) (did nat	12/2	deceosed from 19_ atter death.	80 00	d that in (my) (our) opinion	deoth occurred on the d	2 6 , 19 ate and hour on	d from the c	
TAL OR, yy the hoy the hoy the hotel Diffe detoched totel Dept.		22b. SIGNATUR	DD.	Han	ney	W		MEDICAL STA		12/s	26/80
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined that the Stote Impropries of the Important: #	1	GIZE	GOZY	Hr	उत्पेश ।	7	1850	W. BALT	ST.	BAU	Tmd
BP		Burial, CREMAT (SPECIFY)  Buria  L. FUNERAL DIRECTO  DACHIM	1	12/29	9/80 M	rela		TE REC'D. BY REGISTRAR	Balt	imore	e Md.
(VR A 15 (4))		Home		wiolat			DEC	3 0 1980	brotond	NAME OF	and a

U. C. Harrison and Asia strained per with his gangere erreiteingeren ihr AND AND THE PARTY OF THE PARTY

1		REGISTRAR CEASED NAME	FIRST	WE	MIDDLE	MINEK. 2	ERTIFICATE		REG. NO.	5.14	1
		E OR PRINT)	LISA	TVI	arte	KROLI	יצד	OF DEATH A	NOWN A MONTH		25. HC
,	3 SEX	4. R	ACE 5.	DATE OF BIRTH	6. AGE	(IN YEARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH	2 19 19 80 DAY YEAR	24.45
	£	omalo E		11 28	YEAR LAST	YRS.	21 HOURS	MIN. PRONOUNC DEAD		2 19 19 80	-
1	7a. BI	emale TATE	OR 74		HAT COUNTRY?	8. MARR	ED NEVER MARK	PIED X 9 BALTIMO	RE CITY OR COUN		-
2		arvland		U.S.A		WIDOW		CED   Balti	more Cour	nty	
1	0. CI	TY OR TOWN OF	DEATH 1	I. NAME OF HO	SPITAL, NURSING I	DESSI		12a USUAL OCCUPA	TION ITYPE OF WORK	126 KIND OF BI OR INDUST	USINESS
		andallsto		Baltimo	re County	y Gener	al Hosp.	Depende			
C			NURSING HOME OR O	THER INSTITUTION, G	13c. CITY OR TO	DMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1		aryland	Balti	more	Owings	Mills		40 Maybi	n Circle	е	
d		THER'S NAME	A	AIDDLE	LAST		15. MOTHER'S MAID	A IDE	DLE	LAST	
1		Robert VAS DECEASED EV	(ED INTIL C. ABASE	E.	Krol		Lisa	N		Oakle	ЭУ
П	190. V	ES, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES	165. SOCIAL SEC	CURITY NO.	17. INFORMANRO		rolicki	21	117
		No			None		40 Maybi	n Circle-	Owings	Mills,	, UK
		18. CAUSE OF DI PART I DEATH	EATH (Enter only of WAS CAUSED B		e for (o), (b), and (c		th Symdrom	10		BETWEEN ONSE	ET AND DE
		7991	IMMEDIATE (	AUSE (0)	R AS A CONSEQUE		cir syndron	10			
		Conditions	if any, which	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	-	gove rise	to immediate	(b)	R AS A CONSEQUE	NCCOC					
		lying couse lo		DOE TO, OF	R AS A CONSEQUE	NCE OF					
١		PART 2 OTNER SIGNIFI	CANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO TH	NE TERMINAL DISEAS	OR CONDITION GIVEN IN P	ART 1 (c)		1	
	Z										
	ATI	190 DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATION W	AS PERFORMED?			20. AUTOPSY	?
	TEK									YES 🔀	NO [
5	MEDICAL CERTIFICATION	210 EXTERNAL C		21b. TIME O	FINJURY	YEAR 21c H	OW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)	
)	CAL	CONTRIBUTING	OR CAUSE OF DEA	ATH P.A	۸.	19					
	EDI	21d INJURY OCC			OF INJURY (AT HO		CATION	CITY OR TOWN		DUNTY	STAT
	5	AT WORK	T WORK								-170
1-3		22a. I certify th	at I took charge a	f the remoins de	scribed above, held	lan Autop	sy XX Inspection	on , Inquiry	ond in my o	pinion	
		death resulted for		[]	Accident .	Suicide	Hamicide .	Undetermined moni			
			6.1	1	0 12	1	TITLE (SPECIFY)				
		ACTUAL SIGNATURE	Monopo	ne	oneyour	www.	Assistant	MEDICAL EXAMIN	DATE SIGNI	12-20-	-80
-	-		V					MEDICAC EXAMI	31011		
7	liner-	(TYPE OR PRINT)		arita A	Korell.	M.D.	ADDRESS 11	1 Penn Str	eet		
$\neg$	23a. BI	PECIFY Buria	N, REMOVAL 236.	DATE	23c. NAME C	OF CEMETERY C		123d LOCATION		(A)TV	STATE
						_		CITY OF TOWN	E E 363		
	- 12	Buria	1 12	/23/19	80 Oak	Lawn		REC'D. BY REGISTRAR	Baltimo	re, Mar	yla

Alfred Harry Carlotte and Carlo and adjust in the time to have

100000

1	1 -	STATE REGISTRAR		DEPARTA		CATE OF DEATH	REG. N	o.	) 4	Ö	
		EASED NAME FIRST HAMAN	J. KROW HAZ				12 29 80 16,25				
M	SEX	MALE	Whi	78	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	YRS.	S DAYS H	FUNDER 2	
35	cc	MINTRY) MID	0.5	HAT COUNTRY?	WIDOWE	DIVORCED	9. BALTIMORE CITY C	to. Co			
10	B	4/to-Co.	JEWIS	FACILITY, GIME STREET	DDRESS)	OURS. HOME	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		RETA		
35	3a. S		LTO.	RANDALL	N	YES XX NO	13e. STREET ADDRESS 8437 ALLEN	SWOOD RD	. #2	2113	
138		LOUIS		KRONTHAL		15 MOTHER'S MAIDEN NAMER REBECC	CA MIDDLE		UNKNOV	۷N	
e medico		AS DECEASED EVER IN U.S. ARMI (IF YES, GIVE W		213-26-		NRS. 8437 ALLENS	DEBBYE ART WOOD RD. RA		WN, MI		
njury, or other froun	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	(c)	AS A CONSEQUE		NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)		
ows ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION			WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE F IN CERTIFYING CA		RE FINDING CAUSES O	INDINGS USED USES OF DEATH NO	
	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	21b. TIME OF HOUR A.M P.M 21e. PLACE O	. MONTH DA	Y YEAR	211. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	R PART 2)		
orkedo	WE	WHILE NOT WHILE AT WORK	I AT HOME, STREE	ET, FACTORY, OFFICE, F	ARM, ETC.}	STREET	CITY OR TO		OUNTY	ST	
m 21 is m		220.1 certify that (I) (this bospito sow the deceased alive on _ obove, (I) (we) (did) (did not) 22b. SIGNATURE	of Inc.			d that in (pry) (our) opinion d	leath occurred on the d	ote and hour and	from the co		
NT: If he		THE PHYSICIAN'S NAME INVESTOR	ue (	Klle	0	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		12/2	9/	
IMPORTANT		JÉROME COLL	ER, M.D			600 REISTER		BALTO	., MD	21	
2	12	PECIFY) BURIAL	12/30/2	80 H	AR ZIO	METERY OR CREMATORY ON TIFERETH IS			ALTO.	STA MI	
7/77	4. FL	NERAL DIRECTOR SOL LINAME 6010 REISTERSTO		& BROS. BALTO		21215 DEC	31 1980	Distany	Sec Cres	de	

THE REPORT OF THE PROPERTY OF

5 g551 1/1/81 g1

FOR

REGISTRAR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79

12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1405 Newport Place Sikorsky same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (and opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 12/19/80 COUNTY New York Long Island John's Cemetery 12/22/80 Buria 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. 1050 York Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

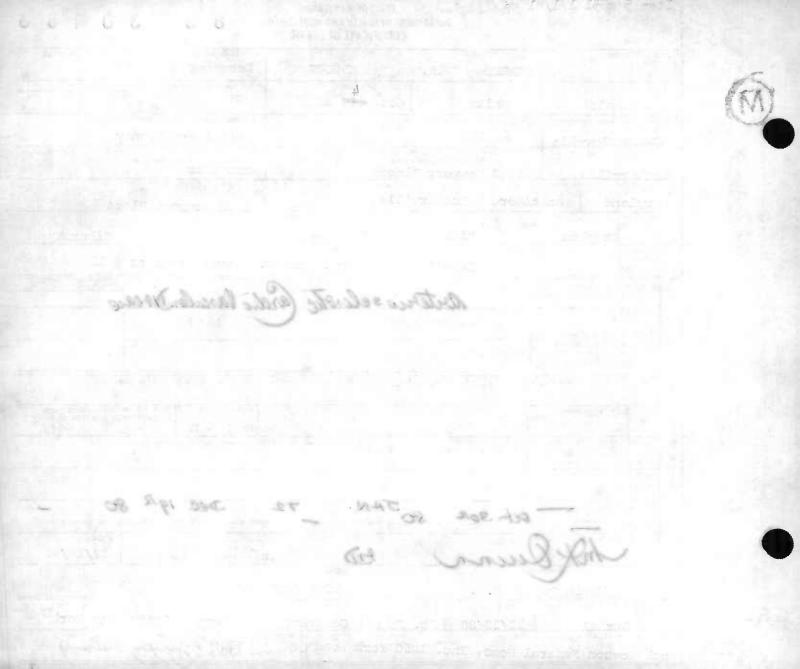
2h. HOUR

HOURS

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS



11		1	STATE OF MARYLAND
0		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 4 8 4
	(mm)	1 DE	REGISTRAR  REG NO.  CEASED NAME . FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR
e e	(IVI)		ANN M. LACEV DECEMBER30.1980 12'5 M
moy		3 SE	X 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR IF UNDER SARS
9 4	96		FEMALE WhITE ADRIL 30 1920 60
n. Page	in the second	7a B	IRTHPLACE ISTATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH
death	9 La 65	17	3ALIO, Ma. U.S.A. WIDOWED DIVORCED DI BALTIMORE COUNTRY
offer	The f	10 C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201 urs o	or filed the	1 1	ARKVILLE 13018 CALIFORNIA AVE TEACHER School
ND 21	and be	13a	IAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  13. CITY OR TOWN  13. LIST COUNTY  13. STREET ADDRESS
TLAN	2 shou	14. F	ATHER'S NAME    BALTIMORE   YES   NO   2001 (RESIVIEW Kd.   15 MOTHER'S MAIDEN NAME
MAR	1 3 3 C		JULIAN A. MCGARVEY SUSAN R. EDERWEIN
RE, A	0 5 0	16a \	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT ADDRESS ADDRESS
TIMO De ex	Poge medi	,	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-18-7259 MRS. PAUL V. MORLEY CALIFORNIA AVE
BALT ore b	physicia papers noval. ent, the		18 CAUSE OF DEATH Enter only one couse per line for Tay, 161, and 161
ST., I	0000		PART I. DEATH WAS CAUSED BY. CAYCINOME THE LUNG 9 WINDL
NO 450	ending corb n, or r motic	10	1629 DUE TO, OR AS A CONSEQUENCE OF
RES e de	emave motion,		Canditions, if any, which gave rise to immediate
201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the creat		cause Io1, stating the underlying cause last
, 201 res th	p o o	10	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RDS	The The	O.	
DIVISION OF VITAL RECORDS,	ermit.	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL I	or this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked ar Hem 18 shows	FE	YES NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2)
SION OF VI	certificate unal-transition tental Hygin ten 18 sh		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
ON O	ding cer burio	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)   P.M.   19
VISIO PP	or affer this cer Affer this cer ie os the buria alth and Ment marked ar Her	W	WHILE NOT WHILE AT WORK AT WOR
9	A A A		220.1 certify that (I) (this haspital) attended the deceased fram 19 10, to 19 30, that (I) (we) last
ATTER	2 of 5		sow the deceased olive an Dec 29 19 50, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.
O. S.	9 0 0 5		226. SIGNATURE DEGREE US ATTENDING MEDICAL STAFF 122. DATE SIGNED 122. 31 80
ITAL	RAL det		PHYSICIAN DIRECTOR PHYSICIAN
HOSPITAL	to FUNERAL should be det with the Stote IMPORTANT:		Shell 1 (1) - 0 = - 1711 W 407 Start
0	should with	230	BURIAL, CREMATION, REMOVAL 1236, DATE 1 236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION
2000	3P	1	BURIAL JAN 2181 PARKWOOD CEMETER BALTO. MET
100	- 16 60M 1/75	24 F	UNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VE	RA 15 (4))		F. Walter Corplin 5444 BELAIR Rd. JAN 8 1981

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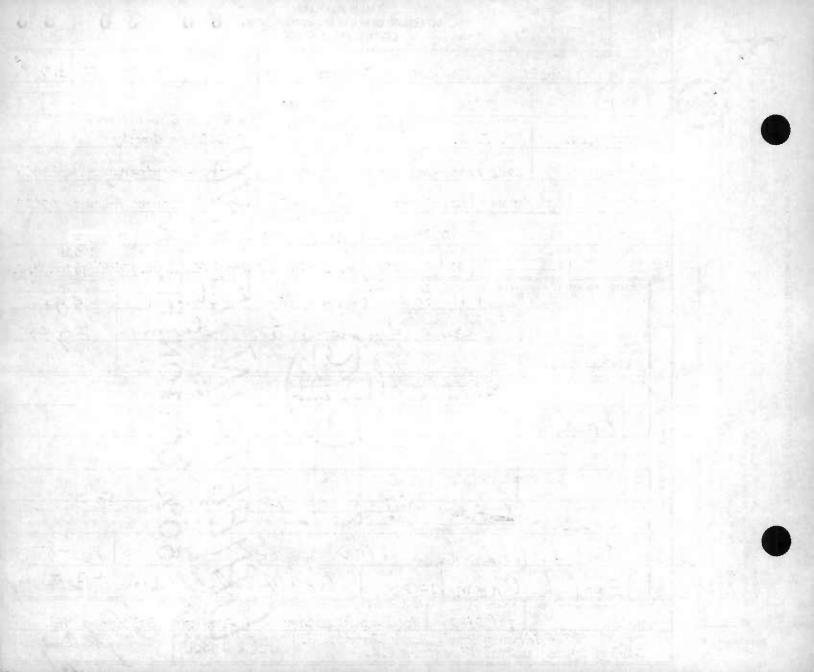
	1	FOR	DEP		OF MARYLAND EALTH AND MENTAL HY	GIENE 8 0	3 0	4 8 5
	11-	STATE REGISTRAR			CATE OF DEATH	REG. NO		100
e w <del>c</del>		CEASED NAME FIRST	WIDDLE	- 0	NST .	20 DATE OF DEATH		EAR 26 HOUR
nay be page	3. SE.	Helen	A RACE	IS DATE O	ackay	6 AGE (IN YEARS LAST BIRT		O 2P M
ge 4 m	5. 50	Female	White	MONTH.	15 89	9/		DAYS HOURS MIN
eoth Po	74 81	RTHPLACE MATEORYONGH DUNITY)	76 CITIZEN OF WHAT COUNT	MARRIED WIDOWE	NEVER MARRIED O	9 BALTIMORE CITY O	none County	TH MD
frer d with	10	TY OR TOWN OF DEATH	I NAME OF HOSPITAL, NU	IRSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O	ON 12b. K1	IND O BUSINESS OR
1203 nn by e filec	C	9 tonsville	Shangri-LE	9-NURSIA	3 center	NURSE		
AND 2 n 24 hc filled i		nd micour	13c CITY OR		13d INSIDE CITY LIMITS?	3700 N.	Charles.	ST 209
MARYL mpletely ond 2 s	H. FA	THER'S NAME FLANK E	LAST, SHNEI	LER	15 MOTHER'S MAIDEN NA	BETH MIDDLE	KFI	J.F.R
MORE,	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIALS	32-6257	Paul Hushe	- ADDRE	5520 Sh	ady side fol
N. PRESTON ST., BALT the death certificate by the attending physicia e remave carban papers. remotion, or remaval her traumotic event, the		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONS	uel Br	vadropuea via Synd	your		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DS, 201 W quires that signed by hen please ta burial, cr	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT		AINAL DISEASE OR CON		RT 1(o
AL RECORDS  The law requipon  The been significant to the reme prior to the own any injury  The constant to th	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
ON OF VITA  TYSICIAN: I ding physicial sertificate outled-transi Mental Hyg		?) a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21a. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAI	RT 2)
DIVISION NG PHYSI offer this cas the base that do were the down th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNT	Y STATE
TTENDINGS OF Health	310	22a.1 certify that (I) (this hospi sow the deceased alive as above, (I) (we) (did) (did no			d that in (my) (our) apinion	to Z - Z	te and hour and from	that (Dwe) lost m the couses stated
At OR A LOR A LOR AL DIRECTOR		22b. SIGNATURE	ele Cover	- W	ATTENDING PHYSICIAN	MEDICAL STAF	F	2-8-80
TO HOSPITAL retained by 1 TO FUNERAL should be de with the State IMPORTANT		CESAR VI	ALLE CAVES	20	5310 00	ol Court	Rol-	
	23a B	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	`STATE
120/ BP	04.5	Burial	12/10/80		Mount Count	Balto.,	-	-Md.
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR Henr	y W. Jenkins	d 212		REC'D. BY REGISTRAR	Di Arting	Medical

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	١,	FOR STATE		DEPARTA		E OF MARYLAN EALTH AND ME		IENE 8 0 3	0 4	8 6		
		REGISTRAR			CERTIF	ICATE OF DEA	ATH	REG. NO.		•		
			FIRST	MIDDLE	L	AST	N THE		DAY YEAR 2	26 HOUR		
	LITPE	OR PRINT)	arold	Herbert	L	aderer		12 2	6 80 .	2.30 M		
1	3. SE.	X	4. RACE		5. DATE OF BIRTH			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
M)		Male	Whi	te	02	05	04	76 YRS.	MONTHS DAYS F	HOURS MIN.		
15		IRTHPLACE (STATE OR FOR COUNTRY) Cranton, Pa.	U. S.	what country? $A$ .	MARRIE WIDOWE	D NEVER MA	RRIED -	Baltimore County  Baltimore County	MD.			
	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  3742 Patterson Avenue, 21207				12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Retired-Refrigerator Mechanic				
anst pe	130. 5	AL RESIDENCE (IF NURSING STATE 13			ADMISSION)	13d. INSIDE CITY		13e STREET ADDRESS 3742 Patterson				
0		ATHER'S NAME		1-00-001103		15. MOTHER'S M			in the state ;	22201		
FIRST MIDDLE LAST Anne Gemina Geotz									LAST			
0	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	0703	39		
med		NO OR UNKNOWN)	IF TES, ONE WAR OR DATES	170-09-	1779	Wm. Bay i	ly, 15	Northfield Ct.,	Livingst	on, N.J.		
ny injury, ar amer traumai	VIION	Conditions, if any, v gove rise to immer couse (a), stating underlying couse  PART 2 OTHER SIGNER  19. DATE OF OPERATION	thich (b) DUE TO, O lost.	R AS A CONSEQUE  R AS A CONSEQUE  DISTRIBUTING TO D  LEAST A CONSEQUE  TION FOR WHICH	NCE OF	listen	à	Descention on Science 1286 AUTOPSY? 1280-9 YES	VEN IN PART 1(a)	3/2-		
2	CERTIFICATION	home		managem miner	O1 1.1.1.1.10	T THE LET COM			FYING CAUSES O			
9		218: ACCIDENT WAS UNDER DRICONTRIBUTING CAL	SEOF DEATH HOUR A.	M. MONTH DA	Y YEAR	21r. HOW INJU	RY OCCURR	RED. (ENTER WATURE OF PULLEY PLITTER, 18.1	MART ) OR PART 2)			
rkedor	MEDICAL	AT WORK	LAT HOME STE	OF INJURY HET FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREET	5.0	n . 5 C	COUNTY	STATE		
n 21 is mo		sow the deceased	olive on did not) view the body	19_	18-8	Othot in (my) (	19_/6 ) opinion o	to		not (I) (we) lost ouses stated		
# # # # # # # # # # # # # # # # # # #		226 SIGNATURE	L. Phas	nles	1	PH	ENDING YSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	1226. DATE SI	-Z77		
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≤		BURIAL, CREMATION, RE	A CONTRACTOR OF THE PARTY OF TH		IAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION	COUNTY	State		
-		Burial	12/29			m Cemete		Woodlawn, Bal		Md.		
)	24 FI	Loring Bye.	28 Liberty . rs Funeral	Road Ran Directors	dalls P.A.	town, Md.	250 DAL	C291980	ay hall	widy		

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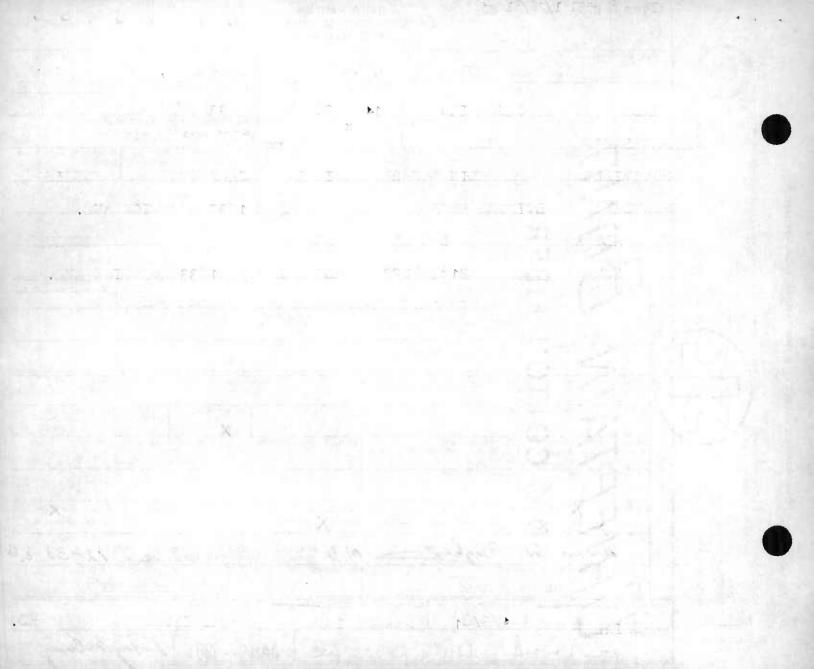
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME Za. DATE KNOWN MONIH YEAR (TYPE OR PRINT) OF ESTI-16 1080 DEATH MATED Illa Lois Lankford IND. "PENDING", IN PENCIL IN ITEM 18. GIVE PAGES 1.2, AND 3 TO THE FUNERAL DIRECTOR. LHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR YOUR FILES. USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. PRESTON STREET, RIAL, CREMATION, OR REMOVAL. 4 RACE IF UNDER 24 HRS DAY YEAR 3. SEX AGE (IN YEARS | EUNDER 1 YR. DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 10 80 16 Female 10 10 64 DEAD White To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia Baltimore County WIDOWED DIVORCED 17a USUAL OCCUPATION (TYPE OF WORK IO. CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Assembler Essex Brunswick Road USUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Essex Apt.B Brunswick Road timore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Lillie Radford Posey Hudson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Thomas ADARVE. Balto. LYES NO OR UNKNOWN) ( IF YES GIVE WAR OR DATES) Lankford Jr. oseph 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ACKITA nuaccinana IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUEN Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, YES [ FORWARDED TO THE COR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 71a FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 71e PLACE OF INJURY (AT HOME. 711 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR THE FALL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes MEDICAL EXAMINER EXAMINER'S NAME J. CROSSA (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 12/19/1980 Holly Hill White Maryland Marsh BP 24 FUNERAL DIRECTOR Duda-Ruck . ADDENC . RESISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR 25b **DHMH-17** Wise Avenue Dundalk. (VR A15 ME (5))

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2	3		REGISTRAR			MEDICAL	EXAMIN	ER'S C		CATEO	F DEA	TH	REG.	. NO.			
-2/	1		CEASED NAME OR PRINT)			MIDDLE			LAST			2a. DATE , OF	KNOWN ESTI-			YEAR	26 HOUR
1	\$250 E	3. SEX	,	JOHN 4. RACE		T.	6. AGE (IN YEA		ATCH OF ESTI- DEATH MATED 12  IDER 1 YR. INFUNDER 24 HRS. 26. DATE MONTH				1980 YEAR	M			
	CESSARY LE FOR A DIR FOR TO STREE	1	ile	white	5. DATE OF MONTH July	14,1957	LAST BIRTHDA	Y) MONT		HOURS	MIN'	PRONOU DEA	INCED	12		1980	24 HOUR 24 O am
	A SE	70. B	RTHPLACE (S		76. CITIZEN	OF WHAT COUR		1	ED TYNE	VED AA A DD	En 🗆	9. BALTI	MORE CIT	Y OR COU			<u> </u>
	C PROPERTY		Pennsy.	lvania	T	J.S.A.		WIDOW	2476	DIVORC		Balt	timor	e Cour	nty		MD.
	AY IS THE FILED, AGE 5	105	TY OR TOWN		(IF NOT IN	OF HOSPITAL, NL	TREET ADDRESS)				FOR	JAL OCCI	UPATION DRKING LIFE)	TYPE OF WORK	12b. KI	ND OF BUSTR	Y
	PELV SDS, PELV	USUA	wings I	(IF IN NURSING HOME	OR OTHER INSTITU	eld Rd.	no. OI	Pair			Rd.		ntena		-	Mavy	
	RE, MD, 21201  FEATH. IF ANY DELAY IS NECESSAR  FEST 1. 2, AND 3 TO THE FUNKRAL D  A PM 3. RETAIN PAGE 5 FOR YOU  AND 2 SHOULD BE FILED, WITHIN X  AND 2 SHOULD BE FILED, WITHIN X  PENTAL RECORDS, 201 W. PRESTON	130. S	Md.	Balto		Owings	ORTOWN Mills		13d. INSIDE (	NO 🛣	13e STR	EET ADDR	RESS	ters I	ane		
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	TON ST., BALT 24 HOURS AFI 11TEM 18. GIVE LIONE 18. WITH F 1 FERMIT, PAGE 10 GIENE, DIVISIG		18. CAUSE C	F DEATH (Enter or	nly ane cause	per line far (a), (b	), ond (c).)						W TITE		A	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
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	DIVISION S CERTIFIC RITING TH REDED TO SE 3 SHOU E DEPART	MEDICAL	21d. INJURY C		_ STR	PLACE OF INJURY REET, FACTORY, FARM,	( AT HOME. ETC.)		CATION				turn	ed pi	nnin	g sub	J .
	WAR WAR		AT WORK	AT WORK	×	road			field			of		В	alto.	•	Md.
	A PARES		22a. I certi	fy that I took char	ge of the remo	7		Autop	nters	Mill	Rd.	Inquir	y 📙 _	and in my	opinion		
	SER DESC		death result	ed fram: Natu	rol couses _	, Accident	X, Svi	cide	, Homie		Undet	ermined n	manner _				
	WAY WANTE		ACTUAL	K	M	200				specify) .stant				DAT	E 1	2-11-	-80
	ZER SEE		SIGNATURE,	$\mathcal{A}$	,	1			11331	. S carre	MED	ICAL EXA	MINER	SIGI	VED		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE. WRITING THE WORD "PLAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	-	EXAMINER'S (TYPE OR PRI	NAME An	h M. D	ixon, M.	D.		ADDRESS_	11	.1 Pe	nn S	t.				
	DAY DAY —	23o.B	URIAL CREMA	TION, REMOVAL			NAME OF CEA		R CREMATO		23d. LC	CATION	Patr	head	2002	51/	ATE.
	BP	-	Burial	100	ec. 13	, 1980	LakeVie	ew M€	morta	250 DATE		esv	-	H 3 ISTRAR	MICI AT	Md.	
	DHMH - 17 (VR A15 ME (5))	4.00	HG.	Sella	Ho	Vings Mi	lls, Md			Je. DATE	NEC D. DI	<b>REGISTR</b>	1	न्यं के के के के		250	
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oge 3 death		CEASED NAME FIRST A M GUST	A P. L	AUER	DEC.	13,1980 26 HOUR
ector, po	1:51	EMALE 4.5	CAU. 5. DAT	OF BIRTH  13 1891	6 AGE (IN YEARS LAST BIRTHDA'	Y) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS
4	1000	IRTHPLACE (STATE OF FOREIGN TOUNTRY) ASHINGTON, D.C.		NED NEVER MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	RE COUNTY
Softlied (		ALTIMORE	NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. JOSEPH HO		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
must be	130	MD.	TER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	N) 13d Inside City Limits? Yes X NO [	13e STREET ADDRESS	DAKCREST AV
3000	14. F	ATHER'S NAME FIRST JOHN MIDE	MATTHAI		ME MIDDLE K	OEPPEL LAST
e medical		WAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA			bll - 2904	O akerest a
poper avol.		18 CAUSE OF DEATH Enter only on PART I. DEATH WAS CAUSED B	one cause per line for (a), (b), and (c) Y: (AUSE (a), Ventses,	-1-1-1-1		APPROXIMATE INTER
prior to burial, c	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	20a AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED
bws bws	] Ħ				YES NO	CERTIFYING CAUSES OF DEAT YES NO
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	R	RED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART 2)
hond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY 51
for use of Healt		22a.l certify that (1) (this hospital) saw the deceased alive an obove. (1) (we) (did) (did nat) vi	1917 19 30	ond that in (my) (acre) opinion	death occurred an the date	and hour ond from the causes sta
detached ate Dept. JT: If hem		22b. SIGNATURE	March 1	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
with the Sta		22d. PHYSICIAN'S NAME (TYPE OR PRI	HARRY'	Trortagn	LAL Boll	5 , had 2 > 35
5 3 ₹	23a.	(SPECIEY)		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	
6 50M 1/76 15 (4))	24	UNERAL DIRECTOR	ADDRESS V		E REC'D. BY REGISTRAR 256.	RECOTRAR'S SIGNATIVE

ST. JOSEPH HOSPITAL HE LIGHT HESEL TE

FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3	0 4	9 2
1. DECEASED NAME	FIRST	WIDDLE	17	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(TIPE ORTRINI)	Susan	A.	Laum	nann		12	23 80	1:55am
s. SEX femal		white	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE COUNTRY)  MD	OR FOREIGN 76	CITIZEN OF WHAT COUNT U.S.A.	MARRIED		Baltimore CITY C			
Randalls to		NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Old Court Nurs	REET ADDRESS)	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Inspector	ION OF WORKING LIFE	12b. KIND O	E BUSINESS OR Clothing- D. Co.	
USUAL RESIDENCE (# N 130. STATE MD	13b. COUNTY Baltin	13t. CITY OR T	OWN	13d INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 2119 Sou	thland	. Road	
4 FATHER'S NAME FIRST Nichol		DOLE LAST	nann	15. MOTHER'S MAIDEN NA. FIRST SUSAN	ME MIDDLE $A$ .		Jos	hnson
60 WAS DECEASED EV (YES, NO OR UNKNOWN)				17. INFORMANT Elain 2119 Southlan	ne Krouse nd Rd., Bal		, MD 2	1207
PART I. DEATH  Conditions, if course to couse (a), st	I WAS CAUSED I IMMEDIATE ony, which immediate	11 -	QUENCE OF					DAATE INTERVAL ONSET AND DEATH
	IGNIFICANT CO	NDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES	, WERE FINDING CAUSES	NGS USED
OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART 1 OR PART 2)	
<u> </u>	21d. INJURY OCCURRED  21e. PLACE OF INJURY  (141 HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET CITY OR TOWN COUNTY STATE							STATE

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) This hospital) attended the deceased from the deceased flive or

STATE

that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Loudon Park Cemetery

23d. LOCATION
CITY OR TOWN

Baltimore Si

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

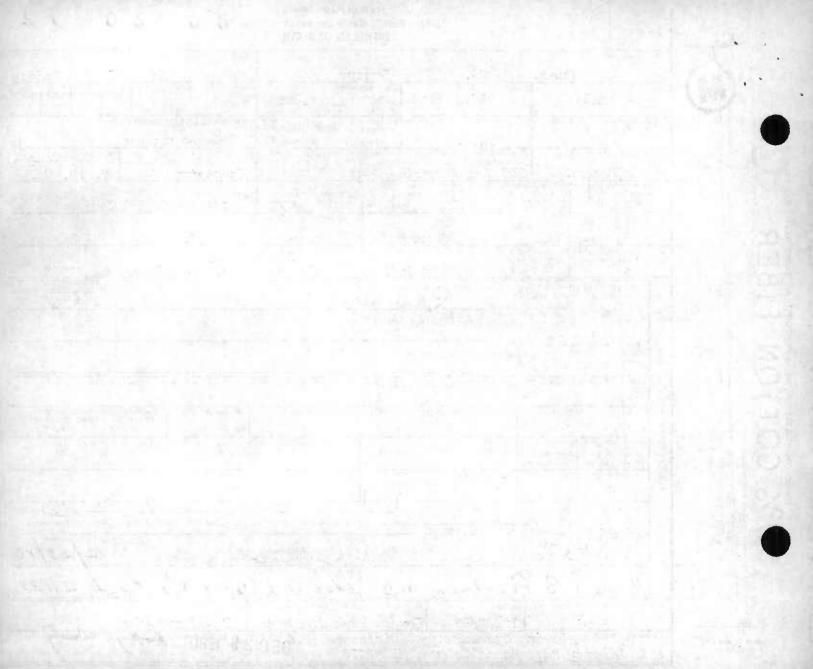
MPORTANT: If hem 21 is marked or hem 18 shows any

should be detached for with the State Dept. of

8728 Liberty Rd., Randallstown, MD 21133

12/27/80

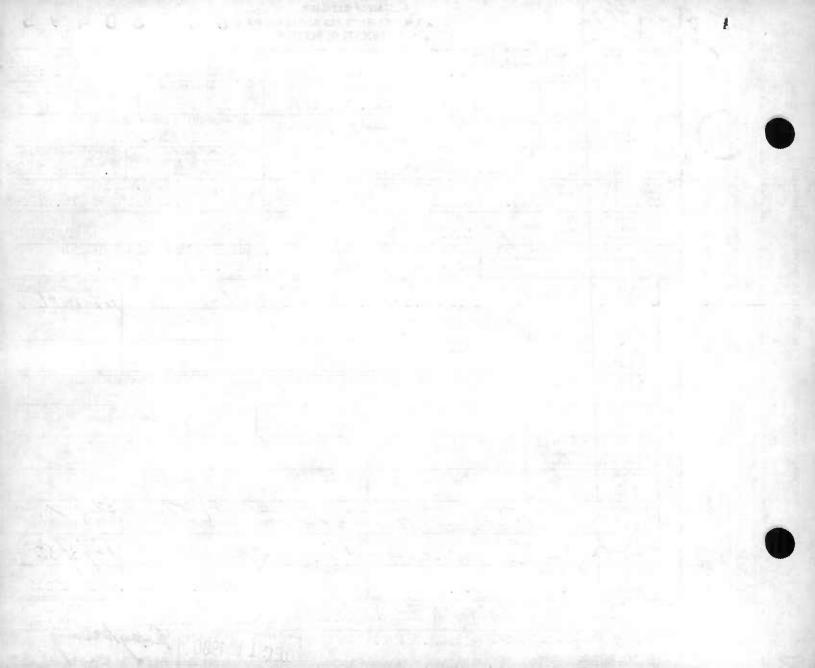
23b DATE



of the state of th

29	1-	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE O U	0	and a mad
		CEASED NAME FIRST	WIDDLE	1	LAST	20. DATE OF DEATH		EAR 26 HOUR
noy be page 3		Naomi Ma		LECC	MPTE	December 2		10:30 <sub>am</sub>
4 90	3. SE	F	4. RACE	5 DATE	OF BIRTH - 13 - 14°03	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
th. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	MARRII WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEA	
with the second	10 C	JOS VILLE	11. NAME OF HOSPITAL, NUR UP NOTIN SUCH FACALTY GIVE STE ATMAN	SING HOME		12a USUAL OCCUPAT (IYP) WORK FOR MOSTO	ION 12b. KI DE WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
filled in the only be filled in the only be filled in the only be filled in the only	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)	- The state of the	JWN",	136. IN SIDE CITY LIMITS? YES NO NO	13e. STREET ADDRESS	Beech	DR
cuted within campletely s 1 and 2 sh	14 FA	THER'S NAME FIRST DWARD	MenTze	_	15. MOTHER'S MAIDEN NA	belle MIDDLE	4	and en
n ond ca Pages 1				CURITY NO.	17. INFORMANT	FAM, Ly	Recon	ds
ote b rsicio apers vol.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b),	ond (c).1			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
certificate ing physici bon papel removal.		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (b) <u>Cardiog</u> e	enic Sh	ock			
		7454	DUE TO, OR AS A CONSE	QUENCE OF				
e deoth ottend nove ca lation, a traumat	49	Conditions, if ony, which gove rise to immediate	( b) Ventrice	ılar Se	eptal Defect			
s that the		cause (a), stating the underlying cause last.	Due to, or as a consect		arction	SELFAN.		
equire n signi Then p r ta bu	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING 1	O DEATH BU	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(o+
The low in icion. It has been still permit giene priogram shaws any	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?  YES NOW	20b. IF YES, WERE F IN CERTIFYING CA YES	
SICIAN: The graph properties of physicion certificate brial-transit entol Hygie entol Hygie frem 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PA	RT 2)
HYSICIA nding pl nis certif burial-t I Mental or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
DING PHY or ottendii After this e os the bu olth and M morked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	OWN COUN	TY STATE
TENDIN bitol or TOR: Af for use of Meoltl		220.1 certify that XI) (this haspi saw the deceased alive on above, XI) (we) (did) XIX XO	tol) offended the deceased from December 27	<u>_Septe</u>	nd that in (水) (our) opinion	, to Decembe		, that (1) (we) last in the causes stated
DR AD		22b. SIGNATURE	View the body offer death.	131	DEGREE		226.	DATE SIGNED
0 2 0 0 5		galal	un lully	72500	ATTENDING PHYSICIAN	MEDICAL STA		27, 1980
- 9 (1) 0 2		22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS			
TO HOSPITAL TO FUNERAL should be det with the Stote		KATHLE			19000 Frankli		ive 21237	·
BP		DURIAL REMOVAL	12 - 31/80 21	BALTO		23d. LOCATION		med STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	INERAL DIRECTOR  NAME  N	seral Chapel	1 886	00 Itartord Rd	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	Shature

Contract the Son of an House Sugar Street The Burney P. A. L. S. C. Strate Stra AND THE STATE OF T



		ee item	18-22 Fi	ilm G 55.	1 1/2	/81 STAT		ARYLAN		IVGIEN	E 0		men.		2 /3	,
/	11-	STATE REGISTRAR		ME		EXAMINE					TH U	REG.	. NO.	U	45 9	0
		CEASED NAME	FIRST		WIDDLE			LAST			2e. DATE OF	KNOWN ESTI-	MON	ITH D	DAY YEAR	2b. HOUR
DOURS DREET,	1		Patri	cia	Α.		LI	Homida	а			MATED		1.1	7 19 80	M
565	3. SE)	(	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	IS IF UN	DER TYR.	HOURS		2c. DATE	NCED	MON	TH C	DAY YEAR	2d. HOUR
23		Female	White	6 2	26	54 YRS	5.	DEAD 1 9. BALTIMORE CITY OR COUNT					1	221980	3 PM	
-	FC	RTHPLACE (ST DREIGH COUNTRY)		76 CITIZEN OF W	HAT COUN	VIRY?		ED RINEV		IED 📙						
1	Virginia     U.S.A.     WIDOWED ☐ DIVORCED ☐ Baltimore       10. CITY OR TOWN OF DEATH     11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION     1/20. USUAL OCCUPATION (TVP)										, KIND OF BU	JSINESS				
2		Catonsv	ille /	Stream b	ehind	Spring	Gro				AOST OF WO				OR INDUST	RY
PM 3. RETAIN ND 2 SHOULD? VITAL RECORD	13a. S	AL RESIDENCE ( TATE aryland	13h COUN	DR OTHER INSTITUTION, G	Tac. CITY	OR TOWN		13d. fNSIDE CIT	TY LIMITS?	13e STRE	EET ADDR	ESS Balti	imore	St	reet	
20	14. F/	ATHER'S NAME	· · · · ·	MIDDLE		LAST		15. MOTHEI	R'S MAIDI RST	EN NAME		WIDDLE			LAST	
-	16a. V	VAS DECEASED	EVER IN U.S. AR		16b. SO	CIAL SECURITY	NO.	17. INFORM	ANT			ADDR	ESS			
4	L	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	229-	32-0528	3									
		18. CAUSE OF	DEATH (Enter on	ly one cause per line	e for (o), (b	), and (c).)			٠						APPROXIMAT	E INTERVAL
AL.		PARTIDE	ATH WAS CAUSE IMMEDIA	TE CAUSE (a)		re Diso										
BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		180	is, if any, which	DUE TO, OF	R AS A COI	NSEOUENCE O	F									
R	-	gave ris	e ta immediate stating the under-			ICE OUT LIGE O								-		
)		lying cau		DUE TO, OF	AS A CO	NSEOUENCE O	F									
		PART 2 OTNER SIG	SHIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMIN	AL DISEASE	DR CONDITION	GIVEN IN PA	ART 1 (a)						
	NO															
-	CERTIFICATION	190. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPERA	TION W	AS PERFORA	MED?						20 AUTOPSY	?
L	F					2 DE			14-6-1				V. 19	17.7	YES X	NO 🗆
3		UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.A	a. Month a.	19		OW INJURY	OCCURRE	ED (ENTER )	NATURE OF IP	NJURY IN ITEA	w 18 PART 1 O	PART 2)		
	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE	2 le PLACE STREET, FAC	OF INJURY			CATION TREET			CITY OR TO	OWN		COUNTY	Y	STATE
ì		22a. I certif	y that I taak charg	ge af the remains de	scribed ab	ave, held an	Autap	sy 🔃.	Inspectio	ın 🔲,	Inquiry	, 🔲 .	and in my	y apinio	an	
2		death resulte	ed fram: Natu	ral causes .	Accident	, Suid	ide 🔲	, Hamici	ide .	Undet	ermined m	nanner 🏺	6			
₹ X		ACTUAL	11.	40	1			TITLE (SF					DA	ATE.		100
, —	1	SIGNATURE_	verge	nea dely	Han		M	D.Assi	stan	MED.	ICAL EXA	MINER		GNED_	11/23	/80
Z		EXAMINER'S (TYPE OR PRIN	NAME V	irginia L.	Dola	n, M.D.		ADDRESS	111 6	Penn		Balt	0., 1	MD.		
ž,	23a.B	URIAL, CREMA	TION, REMOVAL			NAME OF CEM	ETERYO	R CREMATO	ORY	23d. LC	CATION OR TOWN	61-	(	COUNTY	5	TATE
	24.5	Remo		12/15/8	0			13	Sa DATE	PECED AV	DECHETO	AP 1256 P	EGISTRAR	rosim	NATIOE	
5))	24.1	NAME		ADDRES	_			1	DE DE	C26	1980	1300	Se les al	A 3 (3)	MORE	
1		Anatomy	Board	Balto	. , Md	•			-7				0			

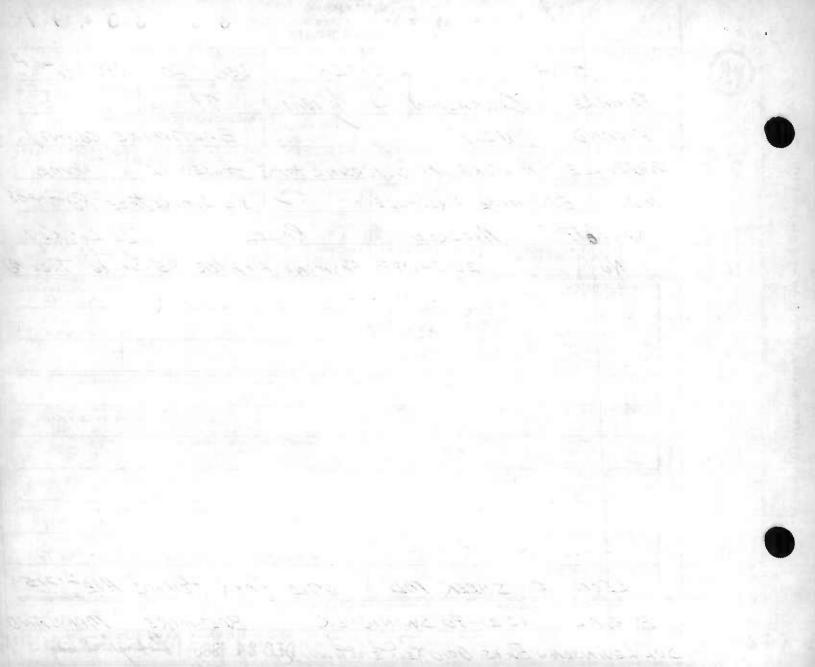
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79



Ť.,	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	3 0 4 9 8		
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR		
v be		SAMI	UEL	LICHTER	DECEMBER 17, 1980 6			
age 4 ma	3 SE	MALE	4 RACE WHITE	OCT. 15, 1895	6 AGE IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24  MONTHS DAYS HOURS A			
death. P		RTHPLACE (STATE OR FOREIGN OUNTRY) RUSSIA	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNT			
urs after		ITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	STITUTION 120 USUAL OCCUPATION 120. KIND OF BUSINE			
nin 24 ho	USU 130 M/	AL RESIDENCE IN NURSING HOME OR STATE THE COUNTY AND	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 13c CITY OR TOW BALTIMO	ADMISSION) 13d. INSIDE CITY LIMITS? RE YES XX NO	13e STREET ADDRESS AT 3016 ROMARIC CT	PT. C Γ. #21209		
OCIO Spor	14. F/	THER'S NAME SHLOMO	LICHTE	15. MOTHER'S MAIDEN NA FIRST SHAIV.	ME MIDDLE	UNKNOWN		
Pages 1 the me	160 \		MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 217-34-	RITY NO 17 INFORMANT MRS.	ADDOCCC	6701 PARK HTS. 21215		
e law requires that the distance by the atterning the prior to burial, cremations any injury, or other t	ATION	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying couse last  PART 2 OTHER SIGNIFICANT C	Varente in	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YE	S, WERE FINDINGS USED		
SICIAN: The lysician. Certificate has teransit permit. Ital Hygiene pr Item 18 shows	AL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	IN CERTI	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)		
DING PHY ttending ph After this c s the burial- th and Men marked or I	MEDICAL	I IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE ONT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
OR ATTEN hospital or a bospital or a DIRECTOR: ned for use a lept. of Heal f Item 21 is		saw the deceased alive an	tal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	death occurred on the date and had	19 50, that (I) (we) low and from the causes stated  272. DATE SIGNED  12/16/60		
TO HOSPITAL retained by the TO FUNERAL should be detact with the State D		224. PHYSICIAN'S NAME INPEC	RPRINT)  LVER, M.D.	22e ADDRESS	Ø DIRECTOR □ PHYSICIAN □  HTS. AVE. BA	ALTO., MD		
BP————————————————————————————————————	L (	BURIAL, CREMATION, REMOVAL SPECGLUIAL	12/18/80 23c.1	NAME OF CEMETERY OR CREMATORY SWINICHER WOLINER	23d LOCATION CITY OR TOWN  BENEVOLENT ASSOC	COUNTY STATE		
DHMH-16 25M (VRA 15, 4) 1/79	24 F		LEVINSON & BROS	., INC.	TE REC'D, BY REGISTRAR 755.	my Milling		

PARK I

4600 Liberty Heights Ave

(VRA 15, 4)

Leroy O. Dyett

A Paris Colore D. Shiring programme in terrange THE BEFORE TAKEN AND A STATE OF THE s

10	1-	FOR STATE REGISTRAR			DEPARTMENT O	FHEALT	H AND MENTAL CERTIFICATE	OF DEATH	O REG	3 (	) 5 (	0 0
16	1. DE	CEASED NAME	FIRST		WIDDLE		LAST	2a. [	OF ESTI-	MONTH C	DAY YEAR	2b. HOU
			Jame	s	Henry		Long		EATH MATED		6 19 80	
	3. SEX	4. R.	ACE	5. DATE OF BIRTH	YEAR LAST DIR		DER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE	HTMOM	DAY YEAR	R 2d. HOU
		ale	White		1926 54	YRS.	HOURS HOURS	MIN. PRO	NOUNCED DEAD	12	6 19 80	
3	FC	RTHPLACE (STATE O	DR .	76. CITIZEN OF WE		8 MARE	IED KNEVER MARI	RIED 9 B	ALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	E	ristol, \	la.	US	A		VED DIVOR		Baltimo	re Coun	itv.	M
0	Es	Sex 2122	L	(IF NOT IN SUCH FAI	PITAL, NURSING HO, CILITY, GIVE STREET ADDRESS Sassafrasf	Road	HER INSTITUTION	112a USUAL (	OCCUPATION Manage	LIVE OF WORK	Institutes	BUSINESS PIECE CO
5	USU / 13a. S	TALE Maeyland	NURSING HOME O	ROTHER INSTITUTION, GIV	PERSIDENCE BEFORE ADMI	SSION)	13d INSIDE CITY LIMITS	913. SIREE	Sassafi	ras Roa	ıd	
0	14. F/	THER'S NAME FIRST MC	(inley	MIDDLE	LAST		15. MOTHER'S MAID FIRST Paul	en NAME	aley	10.00	LAST	
	/Y	VAS DECEASED EV	ER IN U.S. ARA		ORCES? 166. SOCIAL SECURITY NO.				ADDR		-000	
	Y	es	WW	m	408 32 6	5021	Frances \	. Long	wile	Sa	me	
1		18 CAUSE OF DE	ATH (Enter anl	y one cause per line	far (o), (b), ond (c).)						APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
8		PARTIDEATH	WAS CAUSED	E CAUSE (o) M	ultiple qu	inshot	wounds				DETTINEET ON	STATE OF ALL
		765	4		AS A CONSEQUENC						4	
	_	Canditians, i	ony, which a immediate	(b)								
			ing the under-	DUE TO, OR	AS A CONSEQUENC	E OF						
		Tying coose to	51.	(c)							LU B	
0151301	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TE	RMINAL OISEA	E OR CONOITION GIVEN IN P	'ART 1 (a).				
1	MEDICAL CERTIFICATION	190. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OP	ERATION V	AS PERFORMED?				20 AUTOPS	Y?
1	TIFIC										YES 🕢	NO 🗆
5	CER	21a. EXTERNAL CA		21b. TIME OF		21c. H	OW INJURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITE	N 18 PART I OR PAI		
	¥	UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH P.M.	12 6 198	30	subject s	hot				
	EDIC	21d. INJURY OCCU	JRRED	21e PLACE C	FINJURY (AT HOME.		CATION				· ·	
	X	WHILE AT WORK AT	WORK X	STREET, FACT	ORY, FARM, ETC.)	316	Sassafras	Rd.	Y OR TOWN	COL	Balto.	MD.
					/		[V]					
			/	Pa)	ribed above, he d on				iquiry L	and in my op	inion	
		death resulted fr	1 177	al courses	secogint [	Suicide	Homicide X	Undetermi	ned monner	_J,		
		ACTUAL	1 11/1/2	11 JUS	Sxu th		TITLE (SPECIFY)	r		DATE SIGNE	10/7	100
0		SIGNATURE	1	and I	- Aller	^	Deputy Ch	LLE TAEDICAL	EXAMINER	SIGNE	D 12/7	\ Q()
X		EXAMINER'S NAM	AE .	Thomas D.	Smith, M.	D.	111	Penn S-	Ba	Ito., M	MD.	
-	73a B	(TYPE OR PRINT)					ADDRESS	23d. LOCAT		,		
	B	rial	THE PROPERTY AL	12/11/80	23t. NAME OF C	in Vi	₽W	Bris	tol, Te	nn. COUN	JTY :	STATE
		NERSHER SECTION	- 3-	Maria .	1.1. 1		I25m DATE	REC'D. BY REC	SISTRAR 25h R	EGISTRAR'S S	IGNATURE	
-	Bri	izazinski	Funera	I Home P	1407 Old	East	ern AvenE	9 10	80	inform 1	kall	
1				11/	/ U.U.		IUL	<i>y</i> 10	00	17"	7	

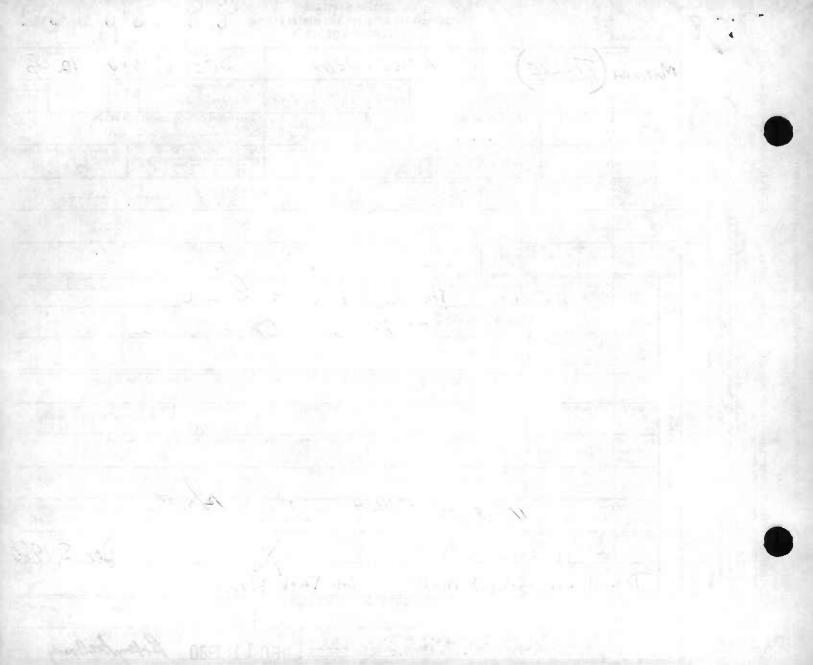
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MONTH

10

LAST

6. AGE IN YEARS LAST BIRTHDAY!

REG NO

YEAR

DAYS

5	FOR STATE REGIS
1	1 DECEASED (TYPE OR PRINT)

TRAR NAME

M.

LUDWIG 5 DATE OF BIRTH

DAY

06

134 INSIDE CITY LIMITS?

CERTIFICATE OF DEATH

2a DATE OF DEATH MONTH

19 80

# UNDER I YEAR

2h. HOUR IF UNDER 24 HRS

3 SEX FEMALE. To BIRTHPLACE ISTATE OF FOREIGN COUNTRY MARYLAND

13e STATE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

4 RACE

WHITE Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

2807 TENNESSEE AVENUE

CONSUL.

MARRIED NEVER MARRIED WIDOWED TO DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

YES |

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12a USUAL OCCUPATION

17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOUSEWIFE 13a STREET ADDRESS

76 YRS

2807 TENNESSEE AVENUE, 21227 LAST

MARYLAND 14. FATHER'S NAME

MIDDLE UNKNOWN

136 COUNTY

FIRST

GLADYS

LAST 146 SOCIAL SECURITY NO

ASSA CONSEQUENCE OF

17 INFORMANT

15. MOTHER'S MAIDEN NAME

NO 5

YEAR

04

UNKNOWN

MIDDLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO

18 CITY OR TOWN OF DEATH

ENGLISH CONSUL

IF YES, GIVE WAR OR DATES!

IMMEDIATE CAUSE to

BALTIMORE

213-50-9376 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

13c. CITY OR TOWN

ENGLISH

antrus

ELLICOTT CITY, MD. E. BERKLEY SCHOENFELDER 9007 MANORDALE LANE APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH

WIC.

Conditions, if any, which gave rise to immediate cause (a), stating underlying cause

PART I DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

LONDITION FOR WHICH OPERATION WAS PERFORMED

28a AUTOPSY?

206. IF YES, WERE FINDINGS USED NO

IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

OR CONTRIBUTING CAUSE OF DEATH ( # EITHER NOT#Y MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

90 DATE OF OPERATION

21a ACCIDENT WAS UNDERLYING

P.M 21a PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I

21h TIME OF INJURY

220 | certify that (1) (this haspital) attended the deceased from Warrely

HOUR A.M. MONTH DAY YEAR

19 211 LOCATION

CITY OR TOWN

STATE

saw the deceased alive an. abave, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE

22 PHYSICIAM'S NAME (TYPE OR PRINT)

236 DATE 12-22-80

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

MEADOWRIDGE MEM. PK.

ATTENDING

PHYSICIAN

23d LOCATION CITY OR TOWN ELKRIDGE

DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

STATE

MARYLAND

22c. DATE SIGNED

DHMH-16 25M (VRA 15, 4) 1/79

-

24 FUNERAL DIRECTOR

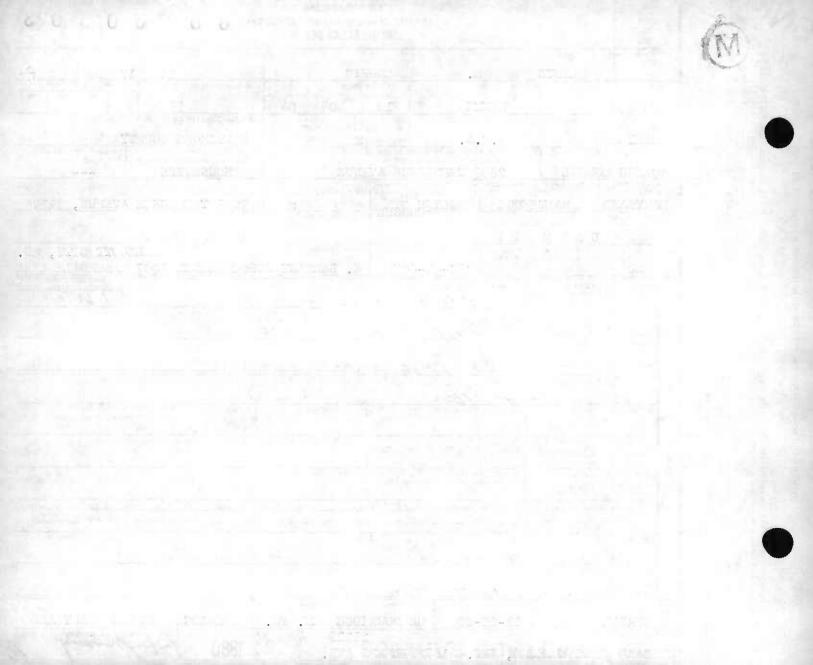
23a BURIAL CREMATION, REMOVAL

BURIAL

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

MEDICAL

HOWARD 25 DATE REC'D. BY REGISTRAR 25 DEGISTRAR'S SIGNATURE



FOR STATE

REGISTRAR

24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

DHMH-16 30M 2/80

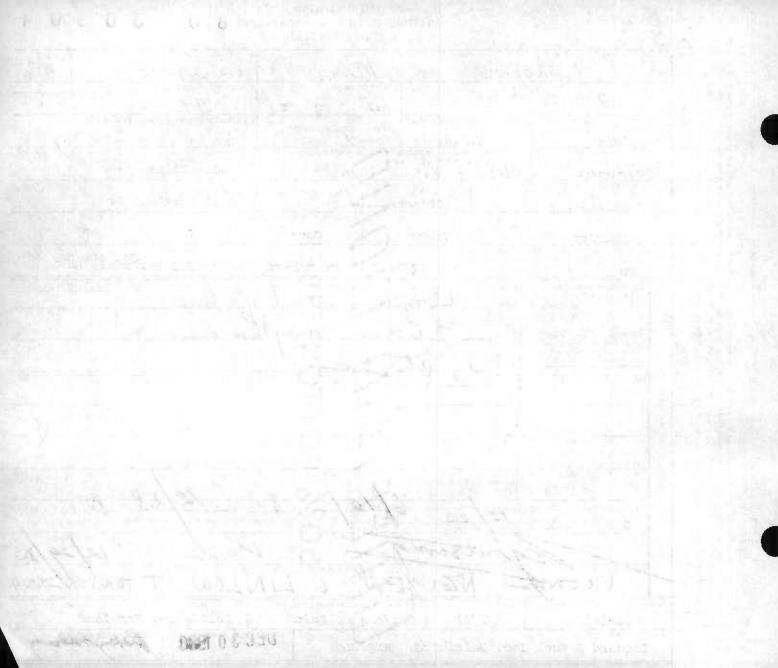
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

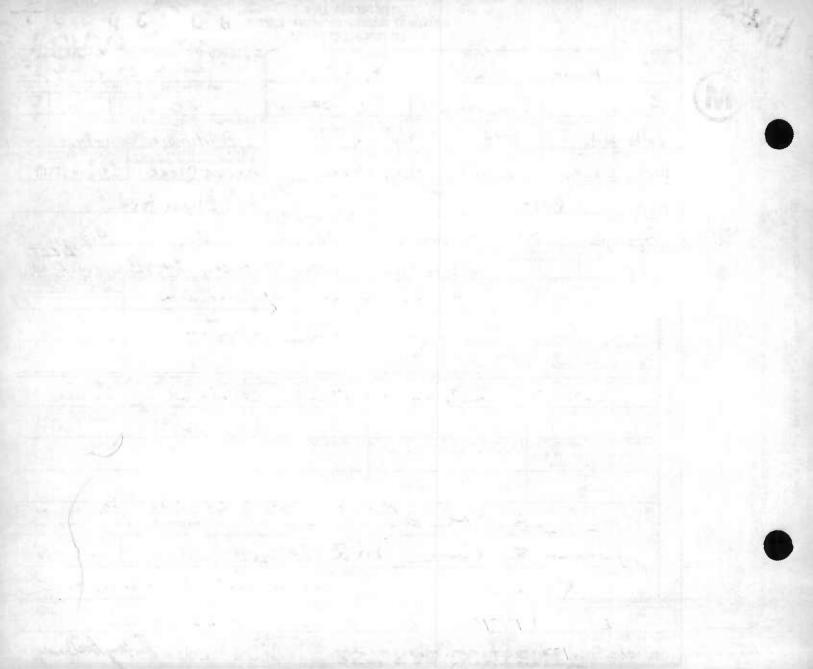
CERTIFICATE OF DEATH

REG. NO

256. REGISTRARYS SIGNATURE



		FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYC	SIENE 8 0 3 0 5 0
2	- STATE REGISTRAR  I. DECEASED NAME FIRST  I. DECEASED STATE OF FOREIGN  I. DECEASED STATE OF FOREIGN  I. DECEASED STATE STATE OF FOREIGN  II. DECEASED STATE STATE OF FOREIGN  III. DECEASED STATE OF FOREIGN  III. DECEA		CERTIFICATE OF DEATH	REG. NO.	
			WIDDIE	LAST	28 DATE OF DEATH MONTH DAY YEAR 26 HOUR
2.3 be	(ITPE		W	Malcolm	12-28-80 97
way	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
4 (IVI)		Emale.	Caucasian	MONTH 9 DAY YEAR	PO YRS.
Pa . Pa	78. BI	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	? 1	1 BALTIMORE CITY OR COUNTY OF DEATH
Jestra 72	0		215 A	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Bathmore Country
ter of thin thin	10 C		11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION 125. KIND OF BUSINES
by the	B	Atto. Bunto	S CARRIX POLITY GIVE STREET	159 Home	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
of i= ± ±	130	AL RESIDENCE (IF HURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO		
fille and but the state of the	1	10	I I I I I I I I I I I I I I I I I I I	YES NO	307 Clare Ave
with tely shou	14 FA			15. MOTHER'S MAIDEN NA	ME
ted dale			MIDDLE LAST	vas Laurer	MIDDLE ALAST
con 1 ar		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS 1212
	()		E WAR OR DATES)	-9112 Martha NV	Porrissey 2409 Brunswick
ciar rs. P al.			1417 16	in a comme	APPROXIMATE INTERV BETWEEN ONSET AND D
that the death c by the attending e remove carbon , cremation, or r or other trauma		Conditions, if ony, which gove rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	suratory.	infection
en signed   Then pleas or to burial any injury,	NOI	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
I: The Ist te has be permit. iene pris	TIFICAL	19e DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION WAS PERFORMED	2011 AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
SICIAN ysician ysician terrifica transit tal Hyg Item 18	CER				RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
y SIK			ALL CONTRACTOR OF THE PARTY OF	DAY YEAR	
ittending phy ittending ph : After this c ss the burial- ith and Men marked or	MEDIC	21d. INJURY OCCURRED  WHILE IN NOT WHILE IT	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN COUNTY STA
NDI atte		A WORK	ital) attanded the decorated form	18 F. 16. 10 77	to 28 DEC 19 80 that (1) (w
al or STOI TUSE f He				C'n	deoth occurred on the date and hour and from the causes state
R A Spit Spit Spit Spit Spit Spit Spit Spit		above, (1) (wended) (did ac 22h. SIGNAJURE	+) view the body ofter death.	DEGREE	226. DATE SIGNED
the hospital the hospital AL DIRECT grached for the Dept. of		Janus-	E. Cove	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN   12/28/8
-> E 0 # 5		224 PHYSICIAN'S NAME LTYPE O		22e ADDRESS	= n/ 1/
HOSP ained by FUNE ould be the Sport A		No	WE	June	med / mseng tom
TO HOSPITAL retained by the TO FUNERAL should be detact with the State [ IMPORTANT:	23e E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION
TO HOSP retained b	23e E			NAME OF CEMETERY OR CREMATORY Len Yaven Emetery	23d. LOCATION COUNTY STATE attimore, Maryland



Ralto Md 2121

FOR

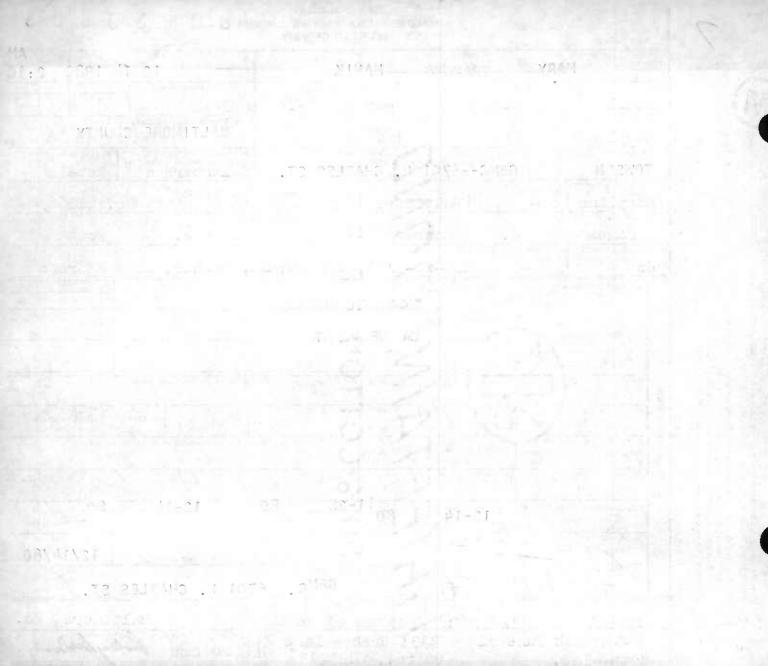
DHMH-16 30M 2/80 (VRA 15, 4)

Home, Inc.

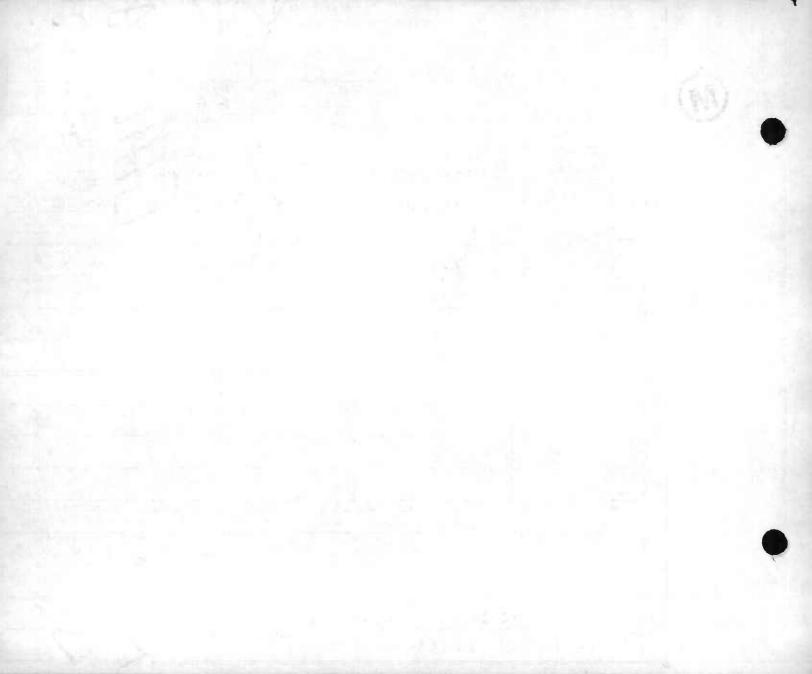
STATE OF MARYLAND

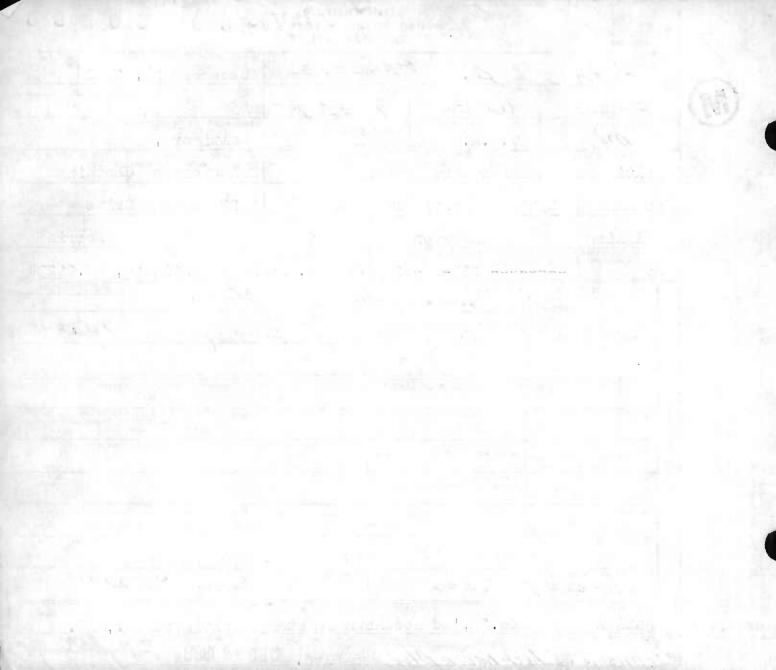
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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	1		STATE OF MARYLAND	4	~ 0 9
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		50/
	1. D	ECEASED NAME FIRST	MIDDLE LAST	REG. NO.	YEAR 25 HOUR
2 €		E OR PRINT)	RED T. MANLEY	12-25.	80 12:48
100	3. S		4 RACE S. DATE OF BIRTH		DER I YEAR IF UNDER 24 HRS
1)	L	trangle	WHITE 8-8-14	66 YRS.	
1000	5111	BIRTHPLACE STATE OR FOREIGN COUNTRY) ASINGU - S. MARTIM	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED		EATH City
13/	10 (	Ba Hunor	17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		b. KIND OF BUSINESS OR DUSTRY
must be	USI 13a	STATE 13 COUN		13a STREET ADDRESS	
E	) M	ATHER'S NAME	The state of the s	13410 Louth 161	40
13	d		AIDDLE JONES 15. MOTHER'S MAIDEN N. SARA	MIDDLE	LAST
2 medicol	160	WAS DECEASED EVER IN U.S. ARA	WED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAR OR DATES) 229 037751 JOSEPH F.	manley 3410 Lou	He Road
t, the		18 CAUSE OF DEATH Enter and	y ane cause per line far (a), (b), and (c)	L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, th		PART I. DEATH WAS CAUSED	ECAUSE (a) CARDIAC ARREST		
notic notic		4100	DUE TO, OR AS A CONSEQUENCE OF		
troum		Conditions, if any, which gave rise to immediate	( b) M		
other t		cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF		
0 0			(c) CRF, - Hypurclin	~ (~	
Ury,	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN	PART 1(a
ni kua	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WER	RE FINDINGS USED
shows	길을			YES NOT YES T	CAUSES OF DEATH?
6	7 E	21a. ACCIDENT WAS UNDERLYING		RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OF	
Hem 18	¥	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR P.M. 19		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY 21f LOCATION	CITY OR TOWN CO	DUNTY STATE
rked	1 8	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITTORIOWN	DUNTY STATE
	1	220 I certify that (I) (this hospit	al) attended the deceosed from 12/22 19 80	to 12/25 19 d	that (I) (we) los
21 is		sow the deceased alive on abave, (I) (we) (did) (did nat	and that in (my) (aur) apinion	deoth occurred on the date and hour and	from the causes stated
f Hem		22b. SIGNATURE	DEGREE	2	22c. DATE SIGNED
#		1 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/25/12
Z Z		22d. PHYSICIAN'S NAME GYPEON	Mouri 22e ADDRESS	6 11	, , , , ,
MPORTANT			A. JAIN 18.	C. M	
IMPORTANT: IF	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY	23d VOCATION	1 0
- 7	1	DURIA!	12-29.80 OAKlan Comby	Ditteray 9	roal land.
1/75	24 F	UNERAL DIRECTOR	A DELLA	EJEGO BOOSTRANTSE LEGISMANS	STOCKHONEY
)		Particlip E.C.	vach (dil the saco / )		V5/





for	11-	FOR STATE		DEPARTMENT OF HEAL	FMARYLAND TH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0 3 0	5 0	9
	1. DE	REGISTRAR CEASED NAME FIRST PEOR PRINTS		MIDDLE S	LAST 20. D.	REG. NO.	DAY YEAR	2b. HOUR
ZEE 7		JOH			MARSILI DE	OF ESTI- ATH MATED 12	11 1980	M
		male white	5. DATE OF BIRTH	1957 LAST BIRTHDAY) MC	DNTHS DAYS HOURS MIN. PRON	NOUNCED DEAD 12	11 1980	1:40 a M
S FOR 1	FC	IRTHPLACE ISTATE OR	76. CITIZEN OF W	WID	RRIED NEVER MARRIED 14 OWED DIVORCED 1	Baltimore Cou	nty	MD.
ELAY IS TO THE I PAGE SS, 201		Owings Mills	Dolfield	SPITAL, NURSING HOME, OR C ACILITY, GIVE STREET ADDRESS)  Rd. no. of Pa:	FOR MOST O	CCUPATION (TYPE OF WORK OF WORKING LIFE)	OR INDUSTR	SINESS !Y
21201 F ANY D AND 3 REFAIN HOULD RECORE	130. S	TATE Md.	OUNTY	13c. CITY OR TOWN Balto.	136. INSIDE CITY LIMITS? 136. STREET A	DDRESS Lbemarle St	21202	
RE, MD.		ATHER'S NAME Robert	Louis	Marsili	15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	/ito	
IT., BALTIMO DURS AFTER D 18. GIVE PAG 5. WITH FORM AIT. PAGES 1. A. DIVISION C	160. V	VAS DECEASED EVER IN U.S ES, NO, OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 219-74-7427	Robert L. Marsili	ADDRESS 241 Albert		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OTHER RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 35 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED TO PROPER THE AND PAGE 1 AND 2 SHOULD BE FILED TO PROPE 1 AND 2 SHOULD BE FILED TO PROPE 1 AND 2 SHOULD BE SHOULD BE PROPED TO PROPE 1 AND 2 SHOULD BE SHO	7	Canditions, if any, we gave rise to immedicate (a) stating the unlying cause last.	vhich (b) DUE TO, OI (c)	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  H BUT NOT RELATED TO THE TERMINAL DIS				
CERTIFICATE SHOULD BE TING THE WORD "PEND BE TO THE CHIEF ME SED TO THE CHIEF ME DEPARTMENT OF HEALT I PRIOR TO BURIAL, CRE	CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WA	AS 216 TIME C	M. MONTH DAY YEAR	. HOW INJURY OCCURRED (ENTER NATURE			№ □
S CERTIFICANT STATE OF THE STATE OF PRIOR THE STATE OF TH	MEDICAL	CONTRIBUTING CAUSE	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)			ol & ove pinning	
DIVISION OF VITAL R  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "P FACE A SHOULD BE FORWARDED TO THE CHIEF TO FUNEAU DESTRUCTIONE PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		death resulted from ACTUAL SIGNATURE	charge of the remains de	ascribed abave, held an Roser Accident X, Suicide	Hamicide Undetermin TITLE (SPECIFY) M.D.Assistant MEDICAL	quiry , and in my a ed manner .  EXAMINER DATE SIGN	12-11-8	Md 0
2000	23o.B	(TYPE OR PRINT)  SURIAL, CREMATION, REMOVE SPECIFY, CREMATION OF THE PRINTS OF T	Ann M. Dixo VAL 23b. DATE 12/13/80	n. M.D.  23c NAME OF CEMETER  Lorraine P.	a rele	ION COU		ATE
0302 DHANI 17 (VR A15 ME(5))	24. F	NAME	ADDRES	ss 22 S. High St.	250. DATE REC'D. BY REG	ISTRAR 25b. REGISTRAR'S		,

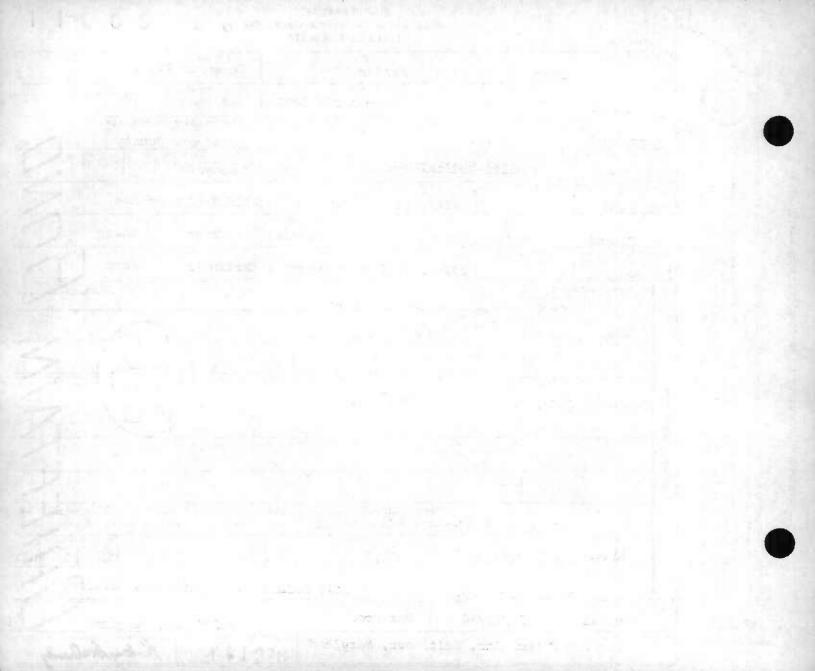
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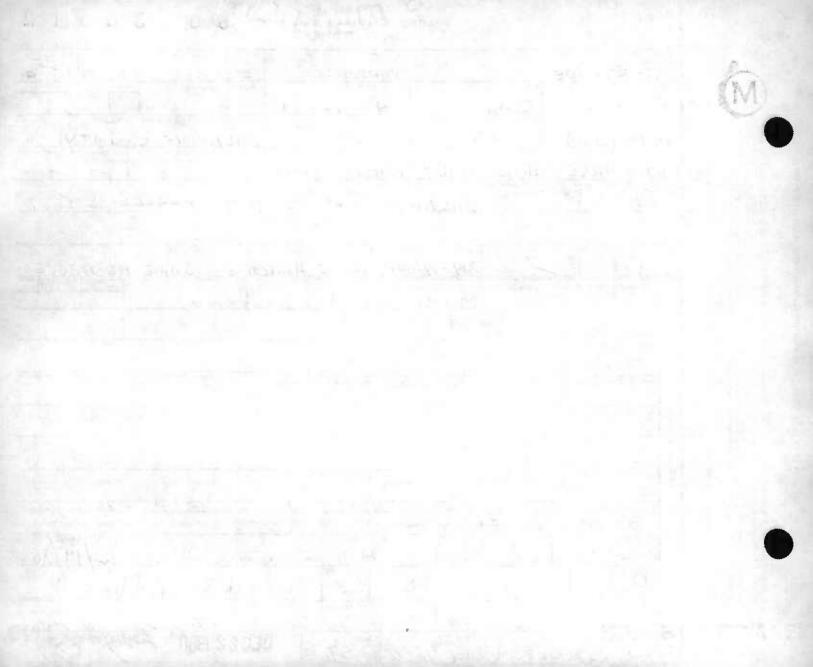
	1. DE	STATE REGISTRAR CEASED NAME FIRST	Α	NIDDLE		ICATE OF DEATH	REG. NO	ONTH DAY YEAR	7h HOUR
4		OR PRINT)	lio m	1	Mo			00 1090	
	3. SEX		4 RACE	1	S. DATE C	rtak DE BIRTH	December 2 6 AGE (IN YEARS LAST BIRTHE		3:22A M
		Female	Wh	ite	NOV	DAY TEAM	70	YRS DAYS	YS HOURS MIN
As.		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R	D & NEVER MARRIED	9 BALTIMORE CITY OR		
110		Maryland .	U:	SA	WIDOWE		Baltimore	County	MD
De la	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b, KIND	OF BUSINESS OR
100		owson	St. J	oseph Ho	spita	1	Homemak		n Home
33	13a S	AL RESIDENCE (IF NURSING HOME) STATE 136 CC		136. CITY OR TOW Parkvi	N/N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 6620 Col	linsdale R	Road
	_	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDIE	THE LAND	AST
651		?	MIDDLE	Price		Naom		Thun	
1	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRES	5	
-]		No		214 01	1312	Elwood T	. Martak		ame
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	line far (o), (b), an	q (c)			BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		IMMED	IATE CAUSE (a)	Cardioger	nic Sh	nock			
of to		4292	DUE TO, OI	R AS A CONSEQUE	ENCE OF				
-	TI.	Conditions, if ony, which gove rise to immediate	(b)	Severe A	rterio	losclerotic		ar	
į.		gove rise to immediate couse (a), stating the underlying cause lost							
ar offi			(c)						
, Kuntu	Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS <u>CC</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	ainal disease or cond	ITION GIVEN IN PART 1	l(a)
-	CATI	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WERE FIND	INGS USED
9			,						
hows	FT						YES X NO	YES 🗌	NO []
18 shows a	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	YES NO		NO []
9		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	m, month di m,	AY YEAR		4, -		NO []
or Item 18		OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	DEATH HOUR A.	m, month di m,	19	21c. HOW INJURY OCCUR	4, -	IN ITEM 18, PART 1 OR PART 2)	NO []
ede	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURED WHILE NOT WHILE AT WORK	DEATH HOUR A./ P./ 21e PLACE ( (AT HOME, STR	M. MONTH D, M. DF INJURY EET, FACTORY, OFFICE, F	19 FARM, ETC.)	21f LOCATION STREET	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)  COUNTY	NO []
Tabrked		OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE AT WORK NOT WHILE AT WORK 120.1 certify that (%) (this ho	DEATH HOUR A.  21e PLACE ( (AT HOME, STR	M. MONTH D.  M.  DF INJURY  EET, FACTORY, OFFICE, F	19 FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	OUNTY	STATE  ., that No (we) lost
Tabrked		OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (A (this ho sow the deceased alive above, 1500c) (did) (did	DEATH HOUR A.MER)  21e PLACE (AT HOME, STR	M. MONTH D.  M.  DF INJURY  EET, FACTORY, OFFICE, F	19 FARM, ETC.)  1 80, at	21F LOCATION STREET  2/20 , 19 80 and that in (Ay) (aur) opinian	CITY OR TOWN	COUNTY  20 19 80  e and hour and from the	STATE  _, that N (we) lost the causes stated
marked or Item 18		OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURED WHILE NOTIFY MEDICAL EXAMINATION OF COURED WHILE NOTIFY OF COURSE OF COU	DEATH HOUR A.MER)  21e PLACE (AT HOME, STR	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F deceased from 19 after death.	19 FARM, ETC.)	21f LOCATION STREET  2/20 , 19 80  and that in (Ay) (aur) opinian DEGREE	CITY OR TOWN  to 12/2  death accurred an the dat	COUNTY  COUNTY  20  19  80  19  21  221  221  221  221  221  231	STATE  ., that No (we) lost
Torked		OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINITION OF COURRED WHILE AT WORK AT WORK SOW the deceased olive obove, 15 (we) (viid) (even 22b. SIGD/ATURE)	DEATH HOUR A.MERN P.MERN 21e PLACE (AT HOME, STR Spital) attended the on 12/	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F deceased from 19 after death.	19 FARM, ETC.)  1 80, at	21f LOCATION STREET  2/20 , 19 80  and that in (Ay) (aur) opinion DEGREE ATTENDING PHYSICIAN [	CITY OR TOWN	COUNTY  COUNTY  20  19  80  19  21  221  221  221  221  221  231	STATE  _, that N (we) lost the causes stated
NT: If Hem 21 is marked o		OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK (In this he sow the deceased alive above, TSLWe) (4id) (dec. 22b. SIGNATURE)	DEATH HOUR A.MER)  21e PLACE (AT HOME, STR  spital) attended the on 12/ on New the body	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F. g. deceased from	19 FARM, ETC.)	21f LOCATION STREET  2/20 , 19 80  and that in (Ay) (aur) opinian DEGREE	CITY OR TOWN  to 12/2  death accurred an the dat	COUNTY  COUNTY  20  19  80  19  21  221  221  221  221  221  231	STATE  that No (we) lost the causes stated TE SIGNED
.NT: If Hem 21 is marked o		OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINITION OF COURRED WHILE AT WORK AT WORK SOW the deceased olive obove, 15 (we) (viid) (even 22b. SIGD/ATURE)	DEATH HOUR A.MER)  21e PLACE (AT HOME, STR  spital) attended the on 12/ on New the body	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F  deceased from 20 19 after death.	19 FARM, ETC.)  1 80 , at	2/20 , 19 80 and that in ( ) (aur) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS 7620 York F	CITY OR TOWN  to 12/2  deoth accurred an the dot  MEDICAL STAFF  DIRECTOR PHYSICI  Coad Towson	COUNTY  COUNTY  20  19  80  19  21  221  221  221  221  221  231	NO
marked or Item 18	WEDICAL 23a. E	OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK (In this he sow the deceased alive above, TSLWe) (4id) (dec. 22b. SIGNATURE)	DEATH HOUR A./ P./ 21e PLACE ( AT HOME, STR  spital) attended the on 12/ Teor Print)  Lela—Gome  AL 23b. DATE	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F  deceased from 19 office death.  Z, M.D.  23c. 1	19 FARM, ETC.)  1 80 , or	21f LOCATION STREET  2/20 , 19 80 and that in ( aur ) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS 7620 York F	CITY OR TOWN  CITY OR TOWN  10 12/2  deoth accurred an the dot  MEDICAL STAFF DIRECTOR PHYSICI  Coad Towson  234 LOCATION  234 LOCATION	COUNTY  COUNTY	NO
P	WEDICAL (	OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINITION OF COURRED WHILE ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK PART OF COURSE	DEATH HOUR A.MERN P. MERN 21e PLACE (AT HOME, STR 12/22  PEOR PRINT)  LET A COME  AL 23b. DATE  12/22	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F 20 after death.  Z, M.D.  23c. 1	19 19 80	21f LOCATION STREET  2/20 19 80  Ind that in (Ay) (aur) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS 7620 York F EMETERY OR CREMATORY EN MOUNT	city or town  to 12/2 deoth accurred on the dot  MEDICAL STAFF DIRECTOR PHYSICI  Coad Towson  234. LOCATION CITY OR TOWN Balto.,	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  AN	state  that is (we) lost the causes stated  TE SIGNED  20-50  STATE  VId.
NT: If them 21 is marked of	WEDICAL 23a. E	OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINITION OF COURRED WHILE ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK PART OF COURSE	PEOR PRINT)  Tela—Gome  AL 23b. DATE  12/22	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F 20 after death.  Z, M.D.  23c. 1	19 180 ou NAME OF C	21f LOCATION STREET  2/20 19 80  Ind that in (Ay) (aur) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS 7620 York F EMETERY OR CREMATORY EN MOUNT	CITY OR TOWN  CITY OR TOWN  10 12/2  deoth accurred an the dot  MEDICAL STAFF DIRECTOR PHYSICI  Coad Towson  234 LOCATION  234 LOCATION	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  AN	state  that is (we) lost the causes stated  TE SIGNED  20-50  STATE  VId.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





6	1 -	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	0 5 1 3
		CEASED NAME FIRST OR PRINT) SAMVE	WIDDLE	MASSEY	20. DATE OF DEATH MONTH D	4 80 230 3
1	3. SE)	M	BLACK	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
10	CC	RTHPLACE ISTATE OR FOREIGN 7 DUNTRY) Ahaw N.C.	VSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	OF DEATH  OUNTY
3	13	ivortown of DEATH	Baltimore	City Huspital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  BOTHELEM SEE	126, KIND OF BUSINESS OF
85	130. S	aruland Bal	TY II3c. CITY OR TO	VN PS 138. INSIDE CITY LIMITS?	136. STREET ADDRESS 205 CHESTNUT	ST
25 Cg and 2	5	AMUEL	MASSEY,	SC. Chwtw	1a C	uton
S. Poge		(IF YES, GIVE V	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 219-01	A CONTRACTOR OF THE CONTRACTOR	assey 205 G	HESTNUT ST.
bon poper r removol. Ic event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY MARDIN	PULMONARY ARRE	57	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on, or r smotic	uii ,	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	JENCE OF HYPUTHERM IN	4	
ol, crematic		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO			
3 6	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
Aental Hygiene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
	-	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
ond A	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of He 21 is		22a. I certify that (this haspite saw the deceased alive an above, (M'(we),(did) (did act		12.1	death occurred on the date and hour	19, that 🌇 (we) lo
uld be detoched the State Dept. ORTANT: If hem			chnan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	13/14/80
should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR	PRINTI	BALTO CIT	Y HUSPITAL 494	O EASTERN AVE
	(5	URIAL, CREMATION, REMOVAL BURIAL	1. 1. 1.	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	STATE STATE
50M 7/77 5 (4))	1	NAME A Mart	on a Sons 17	OI LAURENS 4. DEC	TE PEC'D. BY SECISTRAR 151 HE GIAN	AR'S HELLINE

STATE OF MARYLAND

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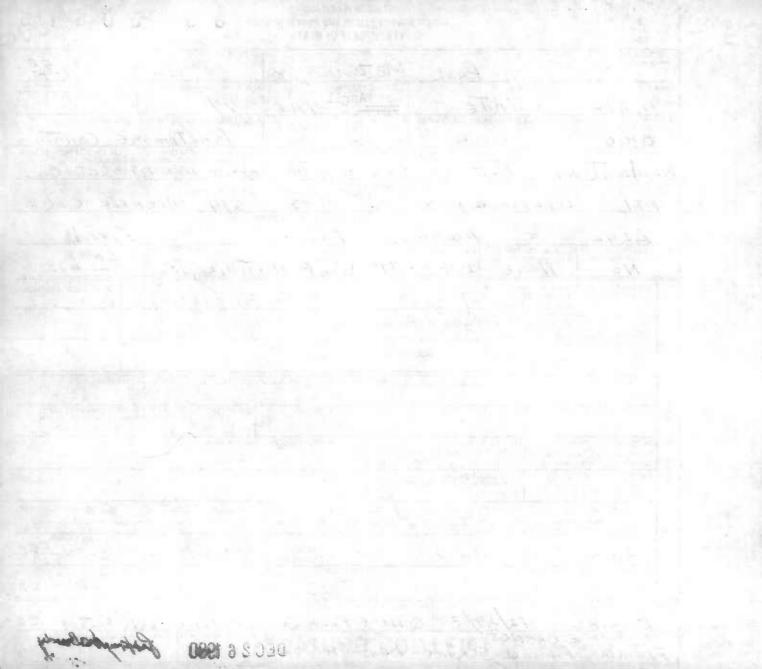
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7	ı.	FOR - STATE	DE		EALTH AND MENTAL HYGI	IENE & U	3 0 3	1 4
367		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
	I. DE	CEASED NAME FIRST	MIODLE	T.	AST		MONTH DAY YEAR	26. HOUR
	(TYPE	ORPRINT) WILL!	AM E.	M	ATSOS	/.	2 27 80	5.45Pm
	J. SE	х ,	4. RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTH		
1		Male	White	~~	14 33	47	YRS.	
11		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	67 4	COUNTY OF DEATH	
		Exch Morocco	U.S.A,	WIDOWE	D DIVORCED	BALTIME	RE COVI	NTY MD.
1,1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		R OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF		OF BUSINESS OR
14	1	NNDALK		ENTER	OF DUNDAUK	Restaura	uteur TIN	
1	USU,	AL RESIDENCE (IF NURSING HOME OR 13% COUN	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
5			- 0 - 1 1 4	TIMORE	YES NO NO	8007 L	ANSNALE	RN1
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	AE .	4	
12/		Emmanuel !	MIDDLE M.	t505	Maria	MIDDLE		Kou
-		VAS DECEASED EVER IN U.S. AR.		L SECURITY NO.	17_INFORMANT	ADDRE	SS.	- /
1	()	(IF YES, GIVE	216-	30-5231	Olga Mats		Bridge Win	ged Drive
		18 CAUSE OF DEATH (Enter on					APPR BETWE	OXMATE INTERVAL EN ONSET AND DEATH
16		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (0) VEN 1	RICULA	R FIBRILLA	TION	16	tour.
	ы	4100	DUE TO, OR AS A CON	NSEQUENCE OF			-	Con Employed
		Conditions, if any, which	( b) Poss	1BLE	MYOCARDIA	L INFAR	CTION 2	WEEKS
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF				
100		underlying cause last	(6)	45EGOEINCE OI				
		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	ITION GIVEN IN PART	1(a)
	CERTIFICATION							
0	CAT	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	DINGS USED
7	TIE					YES NO	YES [	NO [
11	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	THE DAY VEAD	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
7	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	NIII	19				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	15000		
	¥	AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
1		22a.1 certify that (1) (this haspit	tal) attended the deceased	from /a./	27/ 1980	10 /2/2	7 19.80	_, that (I) (we) lost
			12/27		d that in (my) (our) opinion de	eath occurred on the do	te and haur and from t	-, (., ,,
	E 1	22b. SIGNATURE	i) view the body after death		DEGREE		22c. DA	TE SIGNED/
		VIOGA	oon Nei	my	ATTENDING PHYSICIAN	MEDICAL STAF	F. 10	127/80
1		22d. PHYSICIAN'S NAME (TYPE O			PHYSICIAN  22e ADDRESS	DIKECTOK   PHYSIC	IAIN S	1-1100
1		TEPEREN	A .	STEIN	MEDICAL	CENTER	OF I	WNDAY K
-	730 F	BURIAL, CREMATION, REMOVAL	1. 01		EMETERY OR CREMATORY	173d LOCATION	2	
	230. (	SPECIFY) B	11-30-80		Orthodox Cem	CITY OR TOWN	B COUNTY	STATE Md.
	24 FI	UNERAL DIRECTOR	14 00 00	0.201		REC'D. BY REGISTRAR		10
	N	tolor I am A.A.	atthews 3	521 Eds	tern Artas	1000	ait wheel	model .

PIROL O'CO MANAGEMENT ACHELLING E. T. STATES STATES ALL CONTROL OF THE STATE OF THE Washington and the state of the SHEAR EN CONTRA MEDICAL STORM STORM Control of the state of the control of the state of the s Frank Her 388

18	1.	FOR STATE REGISTRAR	DEPAI	TMENT OF HEALTH AND A CERTIFICATE OF D		REG. N	0	0 1 9
e 3 pe	I. DE	CEASED NAME FIRST	am Paul	Matthia.	S Sv.		12-24-8	150 /50
ge 4 may be stor, page 3 after death	3 SE	male	RACE WAITE	5 DATE OF BIRTH	1906	AGE (IN YEARS LAST BIRT	MONTHS	YEAR IF UNDER 24 HRS
th. Pag		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER A		BALTIMORE CITY O	PR COUNTY OF DEAT	Н
ter death 172 ter death 172	10 C	OHIO TY OR TOWN OF DEATH	U.S.A.	WIDOWED DI	VORCED	13AZT		County MI
by the 1 led with		and NISTOWN	BALTO CO.	GEN HOSP		OFFICE M	F WORKING LIFE) INDUS	
thin 24 ho y filled in ould be fil	USU.	ALRESIDENCE (IF NURSING HOME OF TATE 12) COUN	TY USC CITY OR TO		NO X	3R STREET ADDRESS	nichele	CIRLCE
cuted with	14 FA	THER'S NAME  FIRST  N	ADDLE MATTE		MAIDEN NAM		FIE	Last
be exe	16a V		WAR OR DATES)  WAR OR DATES)  254-6	0 3047 . 1	RMA	ADDRES J.	R. SI	s # 13
ertificate physicial papers. F emoval. tic event.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	Dag.	ondicul	l-	the lear	ein d	WEEN ONSET AND DEATH
death ce ending p carbon p on, or re traumati	7	486 DIMMEDIATI	DUE TO, OR AS A CONSEC	DUENCE OF D	110	in con	11000	A.
the atte		Canditians, if any, which gave rise to immediate cause (a), stoting the	(b) ASD)	ration por	en my	ma le	vent.	V
th		underlying cause last	DUE TO, OR AS A CONSEC	SUENCE OF / C				
n requires en signed I hen pleas r to burial ny injury,	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1(a)
Cian.  cian.  ificate has been sit permit. The Hygiene prior m 18 shows an	CERTIFICATION	194 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFO	RMED	20a AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAN YES	INDINGS USED USES OF DEATH?
Sic ysiling ysiling transfer transfer terms and the siling transfer terms and the siling transfer tran		21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	JURY OCCURRE	D (ENTER NATURE OF INJUS	RY IN ITEM 18, PART 1 OR PAI	rī 2
ndin fter t he bu and arked	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATIO	DN	CITY OR TOV	WN COUNT	STATE
TTEN al or a TOR: use a f Heal		220.1 certify that (1) (this haspit saw the deceased alive on abave, (1) (we) (did) (did not	12-7-19		(aur) apinion de	eath occurred on the de	ate and hour and from	that (i) (we) lo
hose thed Dept		226 SIGNATURE	el Horl	DEGREE	ATTENDING PHYSICIAN []	MEDICAL STAI	FF -/ 10	-24-8
TO HOSPITAL retained by the TO FUNERAL should be detained with the State I IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OF	EPRINT)	CF Del		a Count	4 Cener	A Hos
retan TO TO show	23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		BURIAL  JNERAL DIRECTOR E RA	12/29/80	COLLEGE PARI		Coblege REC'D. BY REGISTRAR	PARK FO	IZTON G
DHMH-16 25M (VRA 15, 4) 1/79	5	NAME	ESTAL SERVICE	BENSON, MC	DEC	2 6 1990	profession .	THE PARTY OF THE P

STATE OF MARYLAND

#5, per F.H. 12/30/80 kam



	Male  70. BIRTHPLACE (STATE OR FOREIGN COULDRLY  10. CITY OR TOWN OF DEATH TOWSON  USUAL RESIDENCE (IF NURSING HOME OR OTHE 13B. STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STATE 13b. COUNTY 13c. STATE 13b. COUNTY 13c. STATE 13c. 13c. STAT				EKTIFICATE OF DEATH	REG. N	O.	
		CEASED NAME FIRST	LS	Maz	zulli sr.	2ª DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	3. SE	X Male	4 RACE	hite 5.	DATE OF BIRTH 9-15-1897  YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR (FUNDER 24)
97	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	71.5	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DE	ATH Itimore C
70	10. C		(IF NOT IN SUCH FACILI			12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		KIND OF BUSINESS DUSTRY
35			OUNTY 13c. C	HIDENCE BEFORE ADA TY OR TOWN DWSON	13d. INSIDE CITY LIMITS YES NO P	3 13e STREET ADDRESS	4 Erwood	Court
这	14. F/		7	ulli	15. MOTHER'S MAIDEN	Unk MIDDLE	-	LAST
1		YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	CIAL SECURITY	Mr Touis	ADDRI S Mazzulli 4		7
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A	inal	Failure	)		
a	NOL		nt conditions <u>contri</u>	UTING TO DEA	IH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	dition given in F	ART Ita
9	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION	OR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY?  YES NO NO	IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	HOUR A.M. A	ONTH DAY	PEAR 19	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART ?)
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC		211. LOCATION STREET	CITY OR TO	wn cou	UNIY STATE
		22a 1 certify that (1) (this h sow the deceased oliv abave, (1) (we) (did) (di		_19	, 19 , and that in (my) (aur) apin	, to, to	19	, that (I) (we)
		22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN			. DATE SIGNED 12-18-80
	4	22d PHYSICIAN'S NAME (1			220. ADDRESS	maris i	Vespire	
	22-	RUPIAL CREMATION DEMO			NE OF CEMETERY OF CREMATO	Last IOCATION		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

23c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR Leonard JRuck Inc. Baltimore, Maryland

12/22/80

236. DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECBurial

DEC 2 2 1980

Bálfimore, Maryland

12b. KIND OF BUSINESS OR

\_\_\_, that (1) (we) lost

STATE

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1	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND I	MENTAL HYG	IENE 8 0	3	0 5	5 1 7
		CEASED NAME FIRS		MIDDLE		AST		26 DATE OF DEATH	MONTH DAY	Y YEAR	2h HOUR
cal		Bert		Sara	N	CCORMI	CK	December		0	12:02
9 9	3 SE	Sur-service Control	4 RACE		5 DATE C		YEAR	6. AGE   IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
Duce		emale		ite	Apr	1 3	1893	87	YRS.		
35	Ha	RTHPLACE ISTATE OR FOREIGN DUNTRY)  rford Co. Md	. /	OF WHAT COUNTRY?	WIDOWE		VORCED	Baltimore City of	- County	v	A
(8)	E	altimore 212	37 Fran	OF HOSPITAL, NURSII I SUCH FACILITY, GIVE STREET <b>klin Squar</b>	e Host		TITUTION	126 USUAL OCCUPAT ITYPE OF WORK FOR MOST I House wif	OF WORKING LIFE)	industry Own H	of Business O
35	13a S	AL RESIDENCE (IF NURSING HO STATE 136	ME OR OTHER INSTITUT OUNTY B <b>rford</b>	136 CITY OR TOV		13d. INSIDE C	ITY LIMITS?	130. STREET ADDRESS	elleton	Road	
Je Ka	14. FA	THER'S NAME	WIDDLE	LAST			S MAIDEN NAM		TI ARM	LAS	
1300		John	M.	Kelly		S	ara			Bur	
the me			S. ARMED FORCES, GIVE WAR OR DATES  ONE			Dona?		addr elly (nepher		e as #	13
event		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C	er anly one cause		-	Donar	Q 21, 11C	TIY (Hopme)	N) Oalli	APPROX METWEEN	MATE INTERVAL
y, or other traumatic	7	Canditions, if any, whice gave rise to immediate cause in stating the underlying cause las	h   b	o, or as a conseou Pneumoni o, or as a conseou	а						
any injury,	z	PART 2 OTHER SIGNIFICA	NT CONDITION	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	01
shows 2	CERTIFICATION	)% DATE OF OPERATION	19b CO	Above K				200 AUTOPSY?	206. IF YES, VIN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
or Item 18	ľ.	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTHY MEDICAL EXAM	OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART	T 1 OR PART 2)	
marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLA	CE OF INJURY		211 LOCATIO STREET	DN	CITY OR TO	wn	COUNTY	STATE
21 is		220.1 certify that (this saw the deceased almabave, (five) (did) (22b. SIGNATURE	nospital) attended te an De ce:	the deceased from mber 8 19 ady after death.	<u>80</u> . or	er 30		, toDecember death accurred on the d			
WPORTANT: If Item		22d. PHYSICIAN'S NAME I	NAC OB BRIDE	O MINE		. A	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI		12-8	
with the S		Migue	l Machad			9000	Frankl	in Square	Drive	21237	
s ==	-	URIAL, CREMATION, REMO Burial				emetery or o	Cemeter	y Baltimo:	re	OUNTY	STATE Md.
-16 25M 5, 4) 1/79	_	INERAL DIRECTOR  NAME E. Barne: Leming Funer:	S 1 Servi	ce - Bens	on. M	2101	200	rec'd. by registrar 212 <b>1980</b>	Z3b. REGISTRA	IR'S SIGNAT	URE

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(VRA 15, 4) 1/79

STATE OF MARYLAND

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN A (TYPE OR PRINT) ESTI-25, 80 12 EDWARD D. DEATH MATED MCGUTRE 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 7:105 DATE LAST BIRTHDAY PRONOUNCED 19 80 May 13,193 male white DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Perry Hall 9800 blk. BelAir Rd. Spray Painter LocalGovt. 1618 Thetford Road 13d. INSIDE CITY LIMITS? Baltimore 21204 WITH FORM PM 3. IT. PAGES 1 AND 2 SH DIVISION OF WITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Patrick McGuire Hazel McGonnell 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 216-30-6102 David F. McGonnell Balto., MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES E NO [ 21b. TIME OF INJURY 210. EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR driver of auto headon collision UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED (AT HOME, highway M. ETC.) 7800 blk. Bel Air Rd. Balto., Co. Maryland STATE NOT WHILE TO AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on and in my apinian Undetermined monner TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER 12-26-80 SIGNATURE EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Balto. Burial Co., Maryland BP. 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Johnson 8521 Loch Raven Blvd (VR A15 MF (5)) 15M2/80

STATE OF MARYLAND

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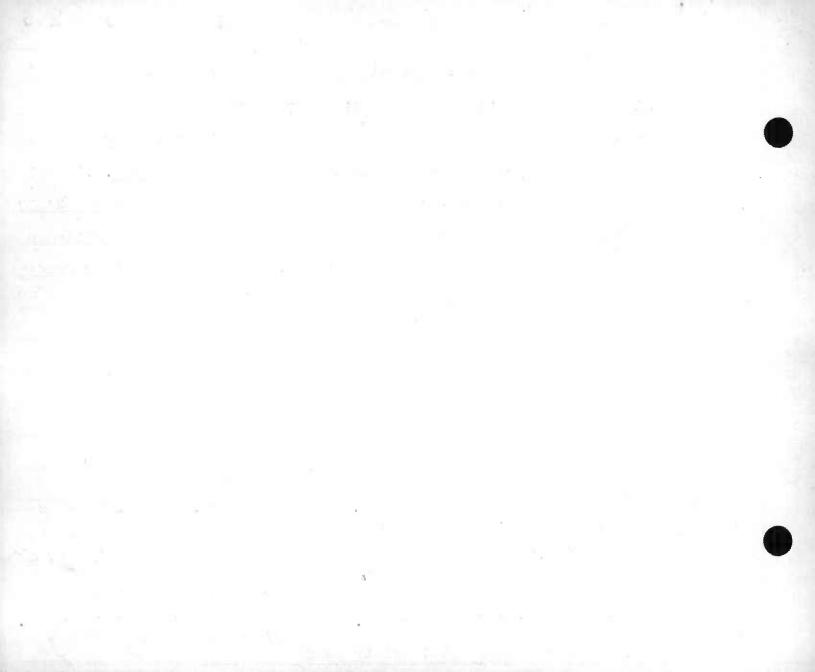
10	FOR STATE REGISTRAR	DEPARTMENT OF HEALT CERTIFICAT	MARYLAND 'H AND MENTAL HYGIE TE OF DEATH	NE 8 0	30523
	DECEASED NAME FREST TYPE OR PRINT) Charle	es Robert McLean, Sr.		December 20,	12
3	sex Male	A RACE S. DATE OF BIR July 19	TH 6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN BALLINGTE CO., MC	No CITIZEN OF WHAT COUNTRY?	NEVER MARRIED D	Baltimore CITY OR COU	JNTY OF DEATH
12 A 74	CITY OR TOWN OF DEATH  Essex 21221	11. NAME OF HOSPITAL, NURSING HOME OR OT		120 USUAL OCCUPATION HYPE OF WORK FOR MOST OF WORK II TO TOM	ng Life) 12b. KIND OF BUSINESS OR INDUSTRY COWN GORK
95 13 11 11 11 11 11 11 11 11 11 11 11 11	SUAL RESIDENCE (IF NURSING HOME OR STATE BALL)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY LINOTE  13 CITY OR TOWN 221 YES	INSIDE CITY LIMITS?	336 Wiltshire	& Seal Co.
30 I4	FATHER'S NAME	tam F. McLeahs Sr.	AOTHER'S MAIDEN NAME	441DD1F	LAST
medical 160	WAS DECEASED EVER IN U.S. ARI	11110 00 0 10001	velyn May Me	ADDRESS CLean, Wife	Same
jury, ar ather trouma		DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT	Metast		NGIVEN IN PART 1(0)
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rked or Item	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
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MPORTAN	William J. So	print, M. D., P. A. 220	ADDRESS 1134 York Ro	ad Luthervil	le, Md. 21093
230	BUBIAL CHEMATION, REMOVAL	12/23/80 Parts 23/80 Gardens of	ery or crematory of Faith Cem	23d. LOCATION Baltir	more o., Md. State
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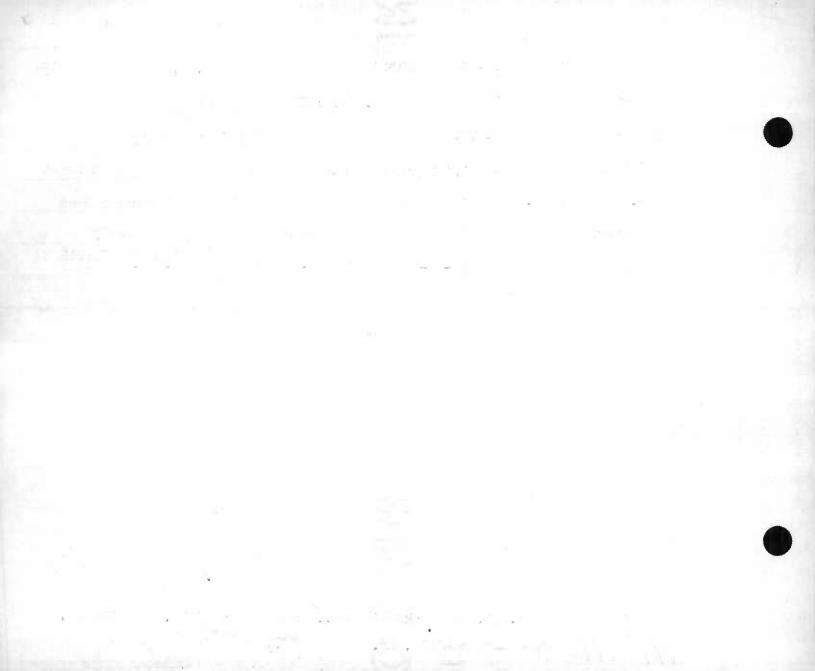
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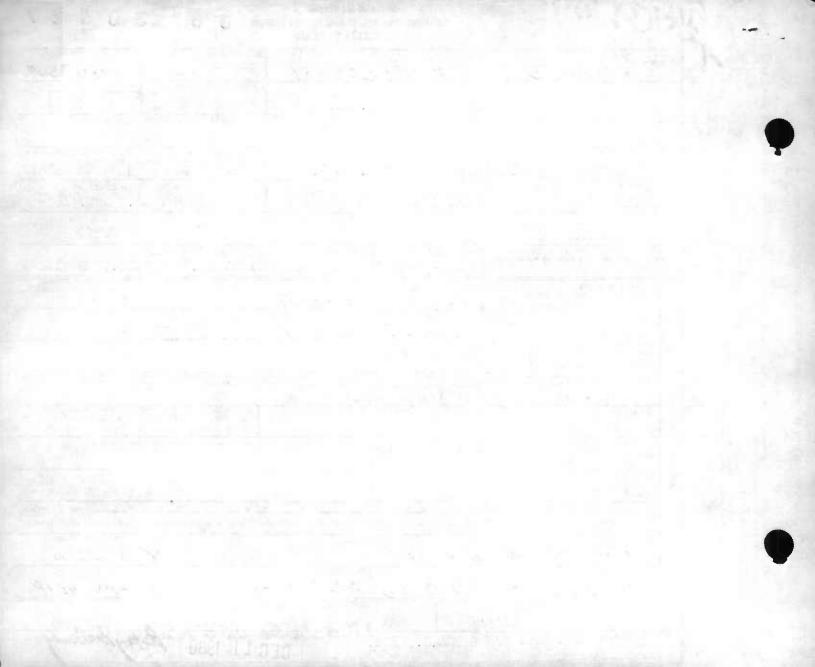
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE







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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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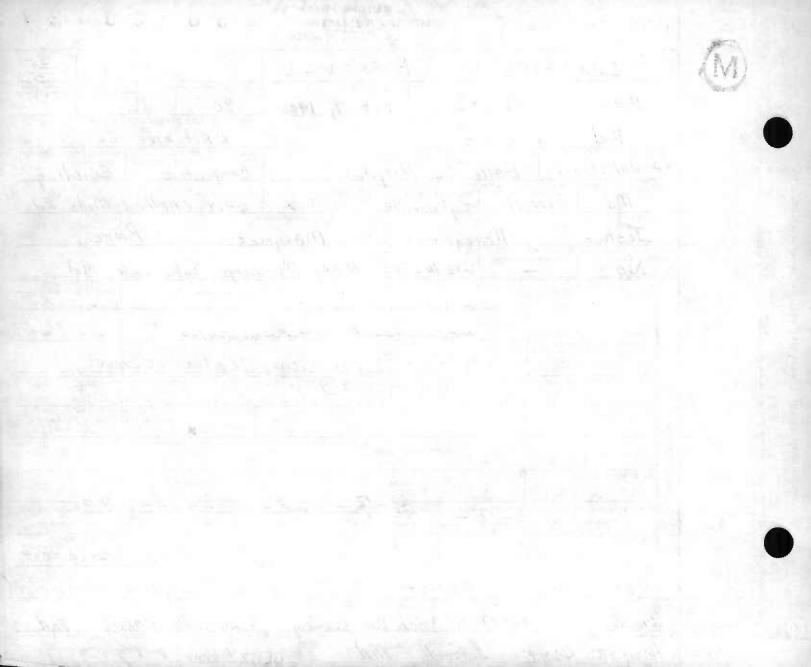
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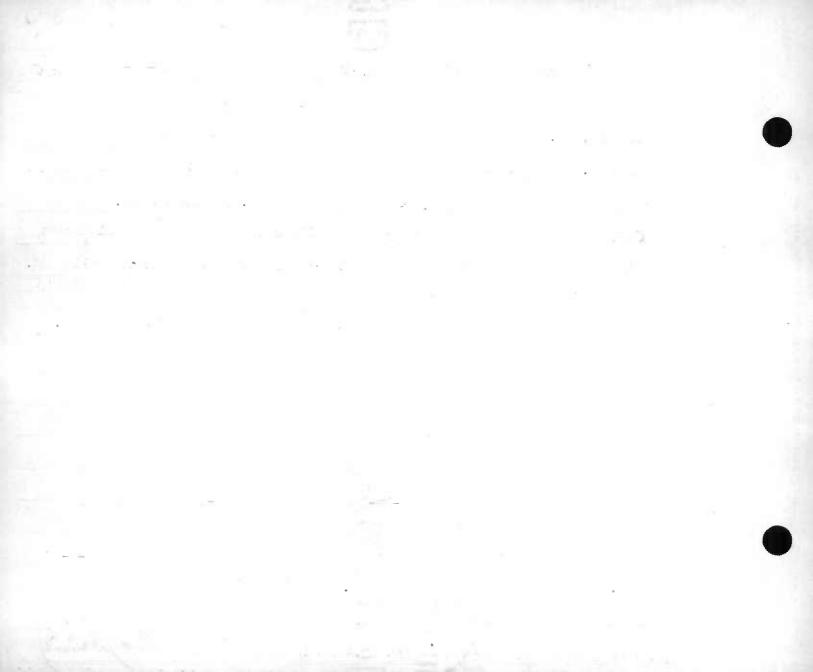
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MARYL, ed withir ond 2 st	00	FATHER'S NAME Oliver	B Phebu	LAST <b>IS</b>	is mother's maiden na Katheria	ne MIDDLE	Flach	AST
BALTIMORE, cote be execut sysician and ca opers. Pages I vol.	2 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATES)	1AL SECURITY NO. 5-01-6316	17 INFORMANT  Mr Harry F	ADDRE Meyers	Same	
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DHMH - 16 50M 7/77 (VR A 15 (4))	24	FUNERAL DIRECTOR NAME Leonard J Ruck	Inc. Baltimo	re, Maryl		EC 2 6 1980	N. ACOUSTICATION OF THE PARTY O	

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3	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) BUSICE	236. DATE 236 2 12-23-82	NAME OF CEMETERY OF CREMATORY LOUGEL PK	23d. LOCATION CITY OF TOWN	COUNTY STATE
W 2/80 4)	24. F	UNERAL DIRECTOR	1 11 - 2 21 CADERBASA		ATE REC'D. BY REGISTRAR 251	EGISTRAR'S SIGNATURE

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH Elizabeth M. December 19, 1980 11:20A Miller 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Housewife 13e. STREET ADDRESS Parklawn Ave. 21213 Feuchter ADDRESS Mrs. Phyllis Plack, 1716 Lomax Rd. 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 19\_80 19.80 , and that in (Xy) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 12/19/80 DIRECTOR PHYSICIAN X 7620 York Road Towson, Md. 21204 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Parkville Maryland 12-22-80 Parkwood

1050 York Rd.

250. DATE REC'D. BY REGISTRAR 156 BEGIST

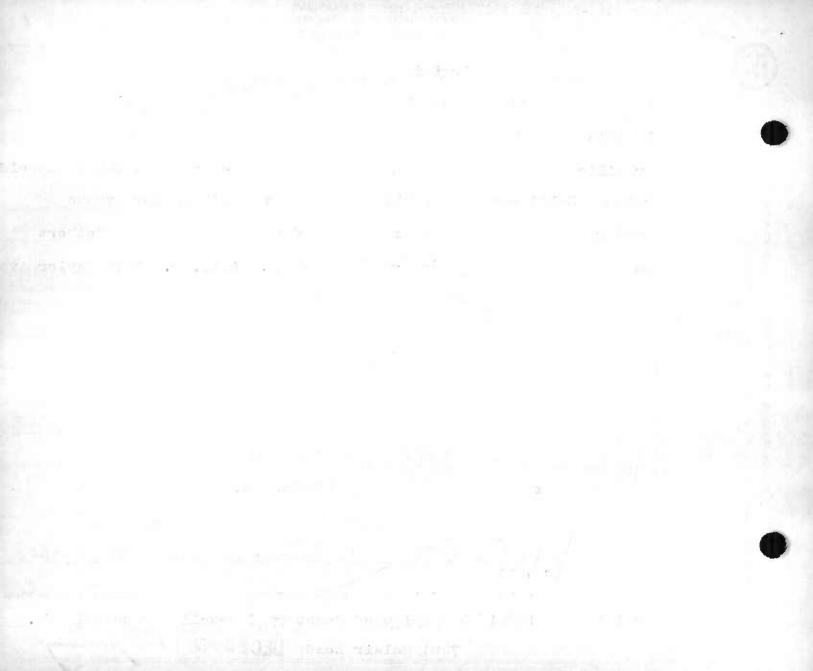
STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15.4)

24 FUNERAL DIRECTOR

Thurse Sousse Labors, Ed. Norson, Ed. 122000

	REGISTRAR ECEASED NAM (PE OR PRINT)	FIRST		MIDDLE		LAST	2 a	DATE KNOWN			26. HOUR
L		SHIRLEY		rginia		MILLS		DEATH MATED	□ 12	17 1980	٨
3. SE	female	4. RACE white	5. DATE OF BIRTH MONTH DAY	92 48	IRTHDAY) MON		MIN PR	DATE RONOUNCED DEAD	12	17 <sub>19</sub> 80	8:15 P M
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	Virgin	ia	USA		WIDO		RCED 🗆	Baltim	ore Co	unty	M
	ITY OR TOWN		11. NAME OF HOSE (IF NOT IN SUCH FACE	CHITY, GIVE STREET ADD	RESS)	HER INSTITUTION				126. KIND OF BU OR INDUST	
	Parkvi		3012 Ta	ylor Ave			[Feac	her -	Nortl	hwood A	ppol
3a.	STATE arylan	13b. COUNT	imore	13c. CITY OR TOV	VN	136. INSIDE CITY LIMITS YES NO	13e STREE	12 Tayl	lor A	venue	
14. F	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
	Luthe			Jones		Ruby				Tolber	t
	WAS DECEASE YES, NO, OR UNKNO	D EVER IN U.S. ARM		166. SOCIAL SEC		17. INFORMANT		ADDR			
	No			231-36		Claude N	1. Mil	ls,Jr.	301	2 Taylo	
	18. CAUSE C	F DEATH (Enter ani- ATH WAS CAUSED	y ane cause per line BY:	for (a), (b), and (c)		iostion				APPROXIMATE BETWEEN ONSE	T AND DEATH
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1 N	170. DATE OF	OPERATION	198. CONDII	ION FOR WHICH	SPEKATION Y	WAS PERFORMED!					
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		fy that I taak charge		Assidant	Suicida	Homisida	I Indate-	mined manner			
	22a i certi	,	al causes .	Accident .	Suicide			mined manner [	<b>A</b> ,		
	death result	,		Accident ,		TITLE (SPECIFY	)	_		12-18	8-80
	death result ACTUAL SIGNATURE	ed fram: Natura		Accident ,			)	_	DATE SIGN	E 12-18	8-80
المبدية الما	death result ACTUAL SIGNATURE	ed fram: Natura	al causes .	XO		TITLE (SPECIFY	)	AL EXAMINER			3-80
MEDICAL CERTIFICATION	death result  ACTUAL SIGNATURE  EXAMINER'S (TYPE OR PRI	ed fram: Natura	M. Dixon	XO.	_	TITLE (SPECIFY M.D. <u>Assista</u>	)	CAL EXAMINER	DATE SIGN	St.	3-80



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FOR

Lassahn Funeral Home

(VRA 15, 4) 1/79

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6	1-	STATE REGISTRAR			HEALTH AND MENTAL H	REG. N	0	3 " 9	
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		YEAR 26. HOUR	_
leuh leuh	,	HELE	N)	MI	TCHELL	Decemb	olr 26	1980 6:30p.	M
2.4	3. SE	T	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF UN	DER I YEAR IF UNDER 24 HR	5
1		FEMALE	WHITE	DEC			YRS		
GME)		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		9	
1	10. CI	NEW YORK	11. NAME OF HOSPITAL	WIDOW	DIVORCED OR OTHER INSTITUTION	BALTI		26. KIND OF BUSINESS O	AD.
1 90	Co	CKEYSVILLE	BROADME	GIVE STREET ADDRESS)	SING HOME	(TYPE OF WORK FOR MOST C	F WORKING LIFET IN	DUSTRY INSTRUCTOR	
3 2	USU/ 13a, S	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION			J. OKOO	21-01/00/02	
BSS		MD. HAN		AIR	YES NO		IDEE CT	r.	
d 2 s	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME		IAST	
1 / 2 C		THAMES		TERS	MARGARE		Do	NOVAN	
Poges Medico		AS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	TAL SECURITY NO.	MRS, NANCYC	(-)		# 17	
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moval.	133	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	ED BY:	-100 (C).)	ATROPH	4 derebru	in a	2 VOCITS	
or reported		1127A	DUE TO, OR AS A CO	DNISEQUENICE OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	1	1	_
tion, toumo		Canditions, if any, which		ehral ar	teriosch.	erosis		5+ years	
remo remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF					П
ial, cr or ath	-	underlying cause last.	( (c)						_
to bu	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	7 . 5	NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN	V PART 1(a)	
prior ony ir	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOI	- 4	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED	-
ows 7	TIFIC	NONE		_		YES NO NO	YES [	G CAUSES OF DEATH?	
Hygiene 18 shows	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR		URRED (ENTER NATURE OF INJUI	TY IN ITEM 18, PART 1	DR PART 2]	
ltem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19	non	-			
ro be	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.}	211 LOCATION STREET	CITY OR TOV	vn c	COUNTY STATE	
mork	3	220.1 certify that (15 (this hasp	sital) attended the decease	d from 10 - 7	2-2-8010	10 12 -2	6-8019	, that 🎮 (we) la	
of He 21 is		sow the deceased alive ar		19 80 0	nd that in (my) (aur) apini	an death accurred on the d	ate and haur and	from the couses stated	131
ept.	21/2	226. SIGNATURE	bij view the body after dea	in.	DEGREE	ALL STATES		22c. DATE SIGNED	_
detac ate D AT: If		Coarles 2	c Ulica	od w	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	12-26-8	0
with the State I	m	22d. PHYSICIAN'S NAME (TYPE		411	22e ADDRESS	K Road Lui	Tomill	041 2100	2
with the Stat		CHAPLES	E. ELLIC				NOT VILLA	2100 2109	0,
-	23o B	URIAL, CREMATION, REMOVAL	12/30/80	1 11	CEMETERY OR CREMATOR	CITY OR TOWN	COUN	NTY A STATE	
N 1/73	24 E1	INFRAI DIRECTOR			21018 1195E	LEM INC	REGISTRAD	S SIGNATURE	_
))		NAME ELBARNES FLEINING FUNE	ERAL SERVICE	DENS.	ON, MD. LEG	3 0 1980	Marger	Brushy	
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Balto. Md.

21212

4905 York Road

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 1 CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR

1980

IF UNDER LYFAR

IF UNDER 24 HPS

12h KIND OF BUSINESS OR

Crawford

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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NO [

Md.

STATE

YES [

COUNTY

COUNTY

25a. DATE REC'D. BY REGISTRAR 25b. REA

22c. DATE SIGNED

Own Home

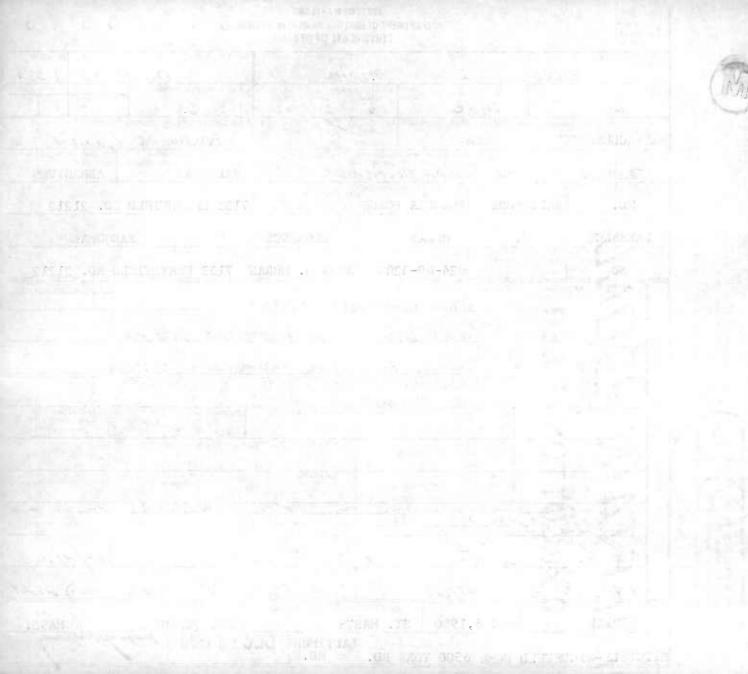
DHMH-16 30M 2/B0 (VRA 15, 4)

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	STATE OF MARYLAND	
11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0542
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1. D	70. DATE KNOWN PO	/
	10415 WILLIAM MOORE DEATH MATED	1216 1080 420
P. 53	4. RACE)  5. DATE OF BIRTH MONTH DAY YEAR  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 2d HOL
/'	11 2 17 63 YRS. DEAD	12/6100 46
	BIRTHPLACE (STATE OR Md	COUNTY OF DEATH
10 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT INSIGHACILITY, GNUSTREET (GORESS)  (IF NOT INSIGHACILITY, GNUSTRE	Donut Shoppe
USU	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
	STATE Mel 136 SOUNTY   136 CITY OR TOWN   13d. HISIDE CITY LIMITS?   13e STREET ADDRESS   YES   NO 12 905 TAKE DENT	Drive Apt B) 124
14. F	FATHER'S NAME FIRST  Marvin Moore  15. MOTHER'S MAIDEN NAME FIRST Ella Hartman	LAST
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 175. NO. OR UNKNOWN) (IF YES, GIVE WARD ROATES)	7 4 07.007
	Yes NO. OR UNKNOWN) (IF YES, GIVE WAS ORDATES) 217 09 1065 Ronald L. Moore 13 S. Max	riyn Ave. 21221
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIATE CAUSE (a) 4 THERY SECTION CONTROLLE PERSON	e under
	Conditions, if any, which	
	gave rise to immediate / (b)	
	cause (a) stating the <u>under-</u> <u>lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
NO		
IA	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
CERTIFICATION		YES NO
		ART 1 OR PART 2)
EDICAL	UNDERLYING OF DEATH P.M. 19	
EDI		COUNTY STATE
X	WHILE NOT WHILE OF STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
		in my opinian
	death resulted fram Natoral couses . Accident . Suicide . Homicide . Undetermined monner .	y opinion
	TITLE (SPECJFY)	
	ACTUAL SIGNATURE M.D. Dis AS MEDICAL EXAMINER	DATE 12-16-80
L		
	ADDRESS	21236mel
230.	BURIAL CREMATION REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION Electry Baltimore	CCOUNTY Md. STATE
24		o., Md.
1	A Alice of the American	by Jahary
- 4	ruseral home ra 1407 Old Eastern Ave. DFC 1 9 1980	7.7

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and a front	A Company of the	ca			
January (17)					

2	1	FOR STATE REGISTRAR			DEF	PARTMENT C	FHEALTH AND	MENTAL HYC	SIENE 8	REG. NO.	3	0 5	43
		OR PRINT)	FIRST ORGE		X.	n	ORAN		20 DATE C	F DEATH MON		Y 80	26 HOUR 1:30 AM
	3 SE	MALE		CA L	ic	M:	E OF BIRTH	YEAR /2	6 AGE (IN)	EARS LAST BIRTHDA		IF UNDER I YEAR	HOURS MIN.
A 72 hours	(	IRTHPLACE (STATE OR FORE OUNTRY) SSACHUSETTES		L CITIZEN OF		MAR	RIED NEVER	MARRIED		PRECITY OR C			ry MD
ss officed filled filled		TOWS ON		ST J	OSEPH	HOSP		STITUTION	(TYPE OF WO	OCCUPATION or for most of wo SMAN		12b. KIND C INDUSTRY	SIVES
filled in nauld be	USU 130.		BALTI	TY	13c CITY OF	R TOWN	E YES [	CITY LIMITS?		ADDRESS HEATHFI	ELD	RD. 21	212
maker within and 2 st connine		LAWRENCE		IDDLE	MOR			r'S MAIDEN NA FIRST ORENCE	ME	WIDDLE	FA	RQUHAR	
trimore, e be executed and colors. Pages 1. I. the medical	160	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (		MED FORCES? WAR OR DATES)		9-4204		M. MORA	N 713	ADDRESS  3 HEATH	FIEL	D RD.	21212
its that the death certains that the attending in please remove corban burial, cremotion, or retry, or other traumatic et y, or other traumatic et y.		Conditions, if ony, v gove rise to imme couse (a), stating underlying couse	which diate the lost	DUE TO, C  (b)  DUE TO, C  (c)	PRASACON PRESELLO PRASACON CHRONI	SEQUENCE O SEQUENCE O SEQUENCE OB.	TIC CA		SCUUTA MOND.	er De	\$50	.SE	01
AL RECORDS  The low requiration.  The low requiration.  The permit Their permit Their prior to the prior to t	CERTIFICATION	Pr CERE				OCC. DEL	ION WAS PERF		200 AUT	NO	CERTIFY YES		NGS USED S OF DEATH?
NG PHYSICIAN: The ottending physician ther this certificate has the buriol-transit phand Mental Hygier preded or tem 18 shay orked or tem 18 shay	MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL) 21d. INJURY OCCURRE	USE OF DEAT	HOUR A	OF INJURY M. MONTI M. OF INJURY		21c. HOW I	NJURY OCCUR	RED (ENTER H	ature of injury in	ITEM 18, PA	ART 1 OR PART 2)	
JING PHYSIC or ottending after this cer as the burio of the and Menti norked or flee	WE	WHILE AT WORK  220.1 certify that (I) (N		(AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, ETC		10. 25		CITY OR TOWN	P	COUNTY	STATE
R ATTENDIN haspital or in the spital is more than the spital in the spit		sow the deceosed above, (1)	olive on_	JUNE =	23	19 ED	and that in (m)	/) ( opinion				,	
0 0 0 0 5		22d. PHYSICIAN'S NAM	AE (TYPE OR	PRINT)	on		220 ADDRE		DIRECTOR	STAFF PHYSICIAN	4 🛮	12/	4/80
TO HOSPITAL retoined by the TO FUNERAL I should be detoined in the Stote I IMPORTANT: If	230	CHARLES	3		ATTON	Tar NAME	7LO	OSLE CREMATORY	1234.10C	- 10	wsa	N, mi	1) 21204
BP		BURIAL	MOVAL	DEC 8	,1980	ST. I		CKEMATORT	CITY	QUINCY	11	COUNTY	MASS.
DHMH - 16 50M 1/76 (VR A 15 (4) )	1.0	UNERAL DIRECTOR NAME  TCHELL-WIED	EFELI	) HOME	6500 Y		BALTIN MI		EGE TO OY	1500 AR 25	Messigli	ency 1959W	nowy



	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	3 0 5 4 4
74		CEASED NAME FIRST	WIDDLE	MOSER.	20. DATE OF DEATH	MONTH DAY YEAR 2b, HOUR
	7	HENR			4.05	12 27 80 2.47PM
(M)	1.70	MALE	CANCACION.	5. DATE OF BIRTH  MONTH DAY YEAR  OR 27 05	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
# 2 P	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
15 DD		maryland	4.5.A	WIDOWED DIVORCED	Baltin	iore County MD
Parent Parent		CANDALLS TOWN	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		120. USUAL OCCUPATION OF WORK FOR MOST OF SUPT	
filled in bould be the		STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130. STREET ADDRESS	
d 2 sho	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
ond sold		Charles	D Moser	Bell	2	£64
Pages 1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)  16b. SOCIAL SECU  215-03-		Ser Owi	Academy Ave.
ned by the attendin please remave carb urial, cremation, ar v, ar other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	PULMONA	OSCLEROTIC HE	MA	
Then to b injury	NO O				THE DISEASE ON COIN	on or other met and me
hos been prior	TIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO } \text{PACE} \)
entificate rial-transi	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART ?}
frer this of the burner of the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TO	WN COUNTY STATE
for use of Healt		220.1 certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no	ital) attended the deceased from  12 - 27 - 19  at) view the body after death.	, and that in (my) (aur) apinian	, 10	27 - 1980 , that (I) (we) last ate and hour and from the causes stated
W 0 ← E		226. SIGNATURE	ala I	DEGREE	MEDICAL STAF	22c. DATE SIGNED
FUNERAL DIRI		and a	gram	ATTENDING PHYSICIAN [	MEDICAL STAF	IAN A 12-27-80

DHMH-16 30M 2/80 (VRA 15, 4)

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10/0/2000 10/0/2

(VRA 15, 4) 1/79

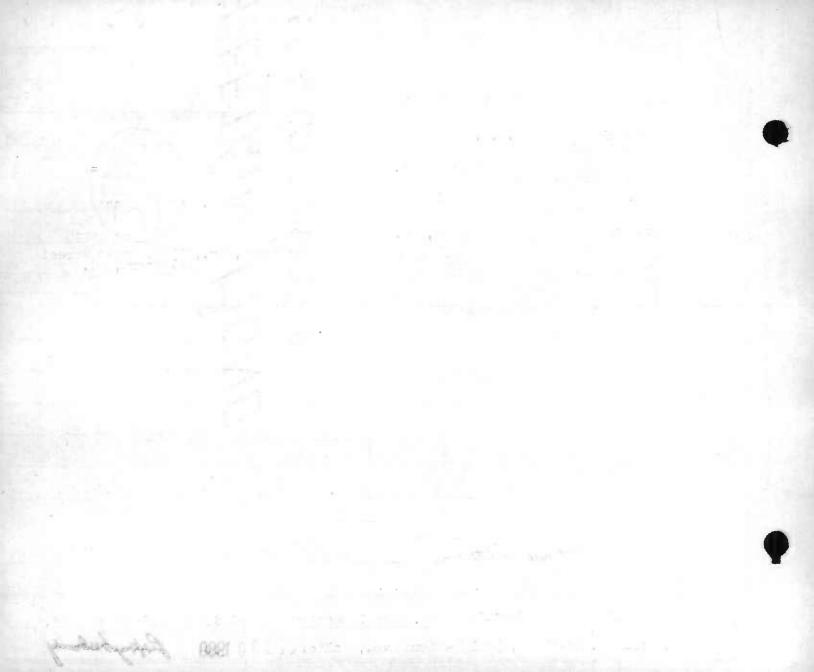
STATE OF MARYLAND

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A PROPERTY OF THE PARTY OF THE Line The room - Live to Lead on the 

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) ESTI-OF Myers DEATH MATED 10 80 Arthur 26 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 7:15 20 DATE MONTH LAST BIRTHDAY PRONOUNCED 4 63 19 80 DEAD 26 Male White Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) U.S.A. Maryland Baltimore County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Shoulder of Rt. OR INDUSTRY Student Essex USUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MAL COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 222 S. Haven Street YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Arthur Myers. Sr. Darlene Harbaugh Arthur Myers, Sr. ,222 S. Haven Street Baltimore, Md. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) 219-90-6575 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Cranio-Cerebral Injury IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLTIMORE, MARXILAND, 21201 PRIQR TO BURICH, YES & NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR MEDICAL 6:35PM 12 CONTRIBUTING CAUSE OF DEATH 26 1080 Pedestrian struck by auto 2H LOCATION Martin Blvd. PLACE OF INJURY 21d INJURY OCCURRED WHILE AT WORK AT WORK TO STREET FACTORY, FARM ETC.) Md. Baltimore, & Rt. 40 East. Essex, street 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted fram: Natural causes Accident 3 Homicide Undetermined manner TITLE (SPECIFY) 12/27/80 ACTUAL Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY STATE Burial 12-29-80 Mt. Carmel Cemetery Baltimore Baltimore Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Nicholas T. Matthews. 3021 Eastern Ave., Balto. (VR A 15 ME (5) 15M 2/80

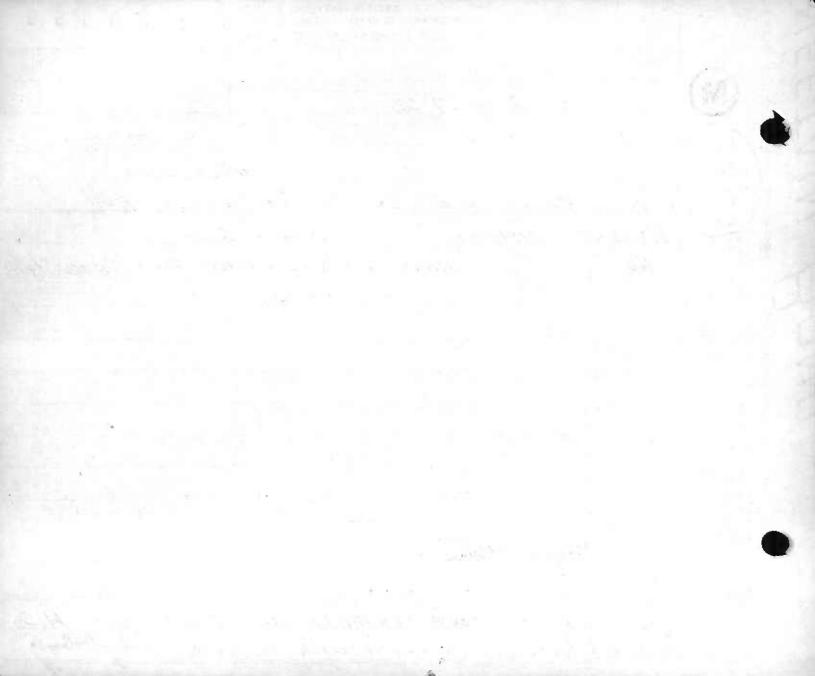
STATE OF MARYLAND



STATE OF MARYLAND

Part rese are median from the same of the The Character of the Control of the

STATE OF MARYLAND



2b. HOUR IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH COUNT (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 80 \_\_, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED Bolto 2122

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

J.G. CONNELLY

ADDRESS 300

STATE

 FOR

REGISTRAR

- STATE

(VR A 15 (4))

William E. Johnson

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

TOSTS THE METERS THAT I WIND THE STREET the control of the co STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0	30553
	I. DECEASED NAME FIRST Barbara	a E	NEFF	December 31,	n
	3. SEX <b>Female</b>	4. RACE White	5. DATE OF BIRTH  MONTH  Teb. 22, 190		MONTHS DAYS HOURS MIN.
	Maryland	76. CITIZEN OF WHAT COUN	MARRIED WEVER MARRIED WIDOWED DIVORCED	□  Baltimore Co	
7	10. CITY OR TOWN OF DEATH  Rossville	Franklin So	URSING HOME OR OTHER INSTITUTION STREET ADDRESS! [UARE HOSPITA]	Supervisor	Tie Factory
	USUAL RESIDENCE (IF NURSING 13a, STATE MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE ITY Balti	R TOWN 13d. INSIDE CITY LIMIT		alt., Md. 21214 thern Pkwy.
	Alexander	C. Berge	15. MOTHER'S MAIDER  FIRST  Laur		White
	160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL E WAR OR DATES) 216-07	Downard Da	Brother: ADDRESS rger 3107 E. No	Balt., Md. 21214 orthern Pkwy.
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS			ON GIVEN IN PART 1(a)
,	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 201 IN YES NO X	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (this haspi  saw the deceased alive an	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O  tal) attended the deceased f  December 15  1 view the bady after death.	irom November 15 19 80 and that in a (aur) api	nian death accurred an the date o	That E (we) last and haur and fram the causes stated 12/31/80
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE Jan 5 1981	Parkwood Cemetery	DRY 23d LOCATION Baltimore	COUNTY Maryland STATE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
Leomard J. Ruck, Inc.

Baltimore, Maryland

250 DATA NCCO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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ISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANI	
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FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3055

							R	EG. NO.			
	CEASED NAME OR PRINT)	FIRST	M	IDDLE	l	AST	20. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR
(ITPE	CRPRINT)	Sharon	Bel	inda		Nelson		11	17	80	1:48P M
3. SE	X		4. RACE		5. DATE C		6. AGE (INYEARS	LAST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
11	Female		White		Sep	t. 21, 1970	10	YR			NO NO
	IRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE	ITY OR COUN	NTY OF E	DEATH	
	Maryland		USA		WIDOWE		Baltimon	re Coun	ty		MD
r	Towson		GBMC 67	01 N. Cha	arles	St. 21204	120 USUAL OCC (TYPE OF WORK FOR Stud	MOST OF WORKIN		ZB. KIND O NDUSTRY	OF BUSINESS OR
13a. S	AL RESIDENCE (" STATE enna.	NURSING HOME OR 136 COUP Yor	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Felton		13d INSIDE CITY LIMITS? YES NO K	R.D.3	RESS			
14 FA	ATHER'S NAME FIRST Bruc		MIDDLE E	Nelson		15. MOTHER'S MAIDEN NA	Faye	Dowe	e11	LAS	řΤ
	VAS DECEASED E		MED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		1	77.00
	No					N. Faye Bald	an, R.D.3	, Felto	on, 1		MATE INTERVAL ONSET AND DEATH
	180	4	DUE TO, OR	AS A CONSEQUE Hemachroi	ence of matos:	is. Cardiac F	ailure				
rion	PART 2. OTHER	immediate stating the ouse last SIGNIFICANT (	DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUE Thalasses	ENCE OF  Mia Ma  DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISE ASE OF				
RTIFICATION	gove rise to couse (o), underlying o	immediate stating the ouse last SIGNIFICANT (	DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUE Thalasses	ENCE OF  Mia Ma  DEATH BUT	ajor NOT RELATED TO THE TERM N WAS PERFORMED	AIN AL DISEASE OF  200 AUTOPSY  YES \( \text{ No.} \)	20b. IF IN CEI	YES, WE RTIFYING YES [	RE FINDING CAUSES	OI NGS USED S OF DEATH? NO []
ICAL CERTIFICATION	gove rise to cause (a), underlying of PART 2. OTHER  19a. DATE OF OF OR CONTRIBUTING (IF EITHER NOTIFIC	immediate stating the ouse lost.  SIGNIFICANT (  PERATION  AS UNDERLYING   CAUSE OF DEA MEDICAL EXAMINER	DUE TO, OR  (c)  19b CONDIT  19b CONDIT  17b TIME OF HOUR A.A.	AS A CONSEQUE Thalasse INTRIBUTING TO I TION FOR WHICH FINJURY A. MONTH DA	ENCE OF  Mia Ma  DEATH BUT	Ajor NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	AIN AL DISEASE OF  200 AUTOPSY  YES \( \text{ No.} \)	20b. IF IN CEI	YES, WE RTIFYING YES [	RE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to cause (a), underlying of PART 2. OTHER  19a. DATE OF OF  21a. ACCIDENT WAY OR CONTRIBUTING (IF ETIMER NOTIF)  21d. INJURY OC WHILE WHILE AT WOR	immediate stating the ouse last.  SIGNIFICANT C  PERATION  SUNDERLYING   CAUSE OF DEA MEDICAL EXAMINER  CURRED  OT WHILE   LT WORK	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS  11b TIME OF HOUR A.A  P.A  21e PLACE C (AT HOME. STRE	AS A CONSEQUE Thalasse INTRIBUTING TO F FINJURY A. MONTH DA A. DF INJURY EET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  FARM, ETC.)	AJOY  NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET	200 AUTOPSY YES NO RED (ENTER NATURE	20b. IF IN CEI	YES, WE RTIFYING YES  18 PART I	RE FIND II G CAUSES ] OR PART 2) COUNTY	NGS USED OF DEATH?
	gove rise to cause (a), underlying of PART 2. OTHER  19a. DATE OF OF  21a. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF)  21d. INJURY OC WHILE NOTIFY  22a. I certify the sow the depolove, (I) (1)	immediate stating the ouse last.  SIGNIFICANT COPERATION  SUNDERLYING COURED CAUSE OF DEAL MEDICAL EXAMINER CURRED  OT WHILE COPERATION  OT (I) (this hosping coessed alive on me) (did) (did no me) (did) (did no me)	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS  11b TIME OF HOUR A.A  P.A  21e PLACE C (AT HOME. STRE	AS A CONSEQUE Thalasse INTRIBUTING TO I FINJURY A. MONTH DA A. DE INJURY ELET, FACTORY, OFFICE, F ELEGE Seed from _ 7	ENCE OF MIA ME DEATH BUT  OPERATIO  AY YEAR 19  FARM. ETC.)	AJOY  NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  , 19 80  and that in (my) (our) opinion	200 AUTOPSY YES NO RED (ENTER NATURE	? 200. IF IN CEI	YES, WE RTIFYING YES 18 PART I	RE FINDING CAUSES  OR PART 2)  COUNTY	NGS USED S OF DEATH? NO  STATE  that (I) (we) last couses stated
	gove rise to cause (a), underlying of PART 2. OTHER  19a. DATE OF OF  21a. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF) 21d. INJURY OC WHITE AT WORK  22a. I certify the sow the de obove, (1) ( 22b. SIGNATUR	immediate stating the ouse last.  SIGNIFICANT COPERATION  SUNDERLYING COURED CAUSE OF DEAL MEDICAL EXAMINER CURRED  OT WHILE COPERATION  OT (I) (this hosping coessed alive on me) (did) (did no me) (did) (did no me)	DUE TO, OR  (c)  19b CONDITIONS CO  10b CONDITIONS	AS A CONSEQUE Thalasse INTRIBUTING TO I TION FOR WHICH TION FOR WHICH TION FOR WHICH TO THE T	ENCE OF MIA ME DEATH BUT  OPERATIO  AY YEAR 19  FARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  . 19 80  and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY YES NO RED (ENTER NATURE	200. IF IN CEI OF INJURY IN ITEM IY OR TOWN  The dote and  STAFF	YES, WE RTIFYING YES 18 PART I	RE FIND II G CAUSES ] OR PART 2) COUNTY	NGS USED OF DEATH? NO   STATE  thot( ) (we) lost occuses stated

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the busiol-transit permit. Then please remove carbonapaers. Pages 1 and 2 should he State Dept. of Health and Mental Hygiene prior to busiol, cremation, or removal.

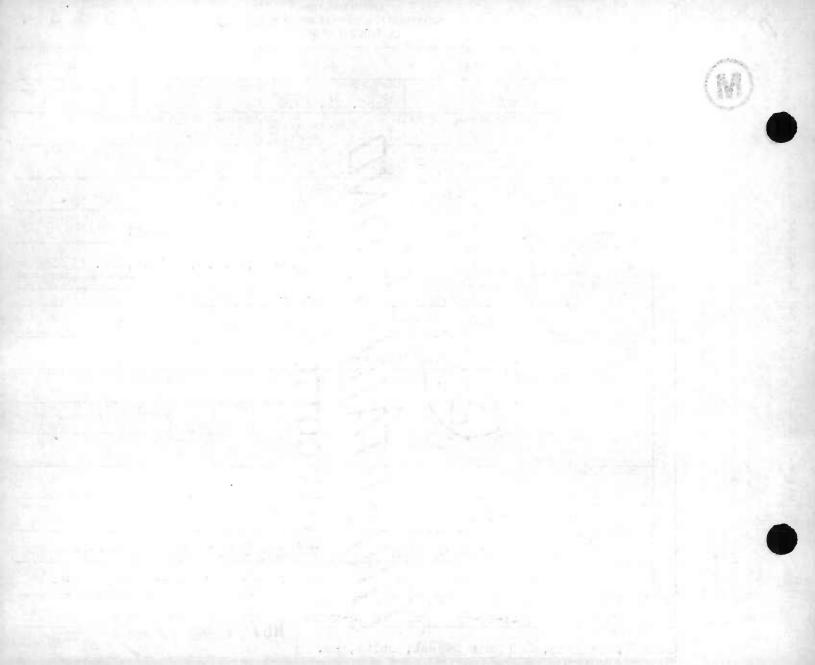
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

etained by the hospital or ottending physician.

John H. Harkins, 600 Main Street, Delta, Pa.

Memorial Gardens Bel

250 OF CE DE SETER 254 DE SETER SE MANORE



FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONTH YEAR 26. HOUR IF UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 176 KIND OF BUSINESS OR us-Securitu Secretary -P Wheaton Place Teresa M. Trail-432 Maryland APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM APPART 1 OR PART 2) COUNTY STATE and that in (my) tour) apinion death occurred on the date and hour and from the causes stated 22c. DATESIGNED DIRECTOR PHYSICIAN Meadowridge Memoriat Park-Howard Cty, Md. STRAP OF REGISTARS Juneral 736 Edmondson Ave. ANTERNA PERSONAL

E & 17076 Nonof CHATRIEDE C. 10 mm of 100 W dollanors Caus Gran Barana to the state of th The standard - to the standard Main wall cons Day reputie education in the state of Transcille, Me. 21228. - Aug. See-10-1234-110. Torvin M. Troll-632 Marylan 1 The second land the second sec saving the first managed in warped I be well and the first the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTICICATE OF DEATH

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.				100
		CEASED NAME FIRS	line	M.	ı	New comb	2a. DATE OF DEATH	монтн	23	YEAR 80	26. HOUR 1:30I	
M)	3. SE.		4. RACE			DF BIRTH 1925	6. AGE (IN YEARS LAST &	SIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24	HRS MIN.
040	70. BIRTHPLACE ISTATE OR FOREIGN Bir. Alabama 75. CITIZEN OF WHAT COUN U. S. A.				WIDOWE	The state of the s	9. BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Baltimore County					MD.
56		Towson	GBMC 6	701 N. Ch	arles	St. 21204	12ª USUAL OCCUPA (TYPE OF WORK FOR MOS) Homemake		G LIFE) 121	Home		SOR
35	13a. S		ME OR OTHER INSTITUTION OUNTY LITERATE	13c CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	11703 Kin	gtop	Dr.K	2108 ings	7 ville	Md
3	14. F.A	Arthur	WIDDIE	Murphre		Helen	MIDDLE			osh <sup>^s</sup>		
medical		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN} (IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	206-14-9		Mr. Fred.New			-		, Md. 21087	
injury, or other troumotic eve	7	Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause los	h (b)	R AS A CONSEOU Metastat R AS A CONSEOU	ENCE OF CIC CA	CA from Fallopian Tubes						
Ony Ony	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT			ON WAS PERFORMED 200 AUTOPSY? 206 IF Y			YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO			?
MPORTANT: If Hem 21 is marked or Hem 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	MINER) HOUR A.	M. MONTH DAY YEAR M. 19 OF INIURY 21f. LOCATION					OUNTY	STA	AYE.	
21 is marke		WHILE AT WORK NOT WHITE AT WORK NOT WORK NOT WHITE AT WORK NOT WHI									_	
T He		226. SIGNATURE	Wille	ms		DEGREE ATTENDING PHYSICIAN [		AFF ICIAN 🔀	2	12/2 12/2	SIGNED	
MPORTAL		Dr. Cart	er J. Wil	liams		6701 N. Cha	arles St.	21204				
and .	23a. E	BURIAL CREMATION, REMO	VAL 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					

BP\_

DHMH-16 30M 2/80 (VRA 15, 4) (SPECIFY) Burial 12-26-1980

Belair Mem. Gardens

Be Lair

Harford

Md. STATE

24 FUNERAL DIRECTOR
E. F. Lassahn, 11750Belair Rd. Ringsville, Md. 21087

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V	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	3 0 5	5 5 7
poge 3 r death		CEASED NAME FIRST EORPRINT) Ermer	S. NI	ckelson		-14 - 80	2b. HOUR 25
The state of the s	.3. SE	Female	Negro	5 DATE OF BIRTH  MONTH DAY YEAR  9 1903	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
	V	IRTHPLACE ISTATE OR FOREIGN GUNTRY) INGIN 19	76 CITIZEN OF WHAT COUNTRY?	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	May later in	re County	MD.
10	C	atonsville	orest Haven	Nursing Home	120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
ad blund be	130	yd Bathin		N 134 INSIDE CITY LIMITS?	130 STREET ADDRESS 5202 Fern	Park Ave	
and 2 s	J	David	MODILE Thompson		WIDGLE	Weather	AST /
Poges .	I 6a	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GMI	MED FORCES? EWAR OR DATES) 2/5-22-7	wan KecoRDS	William M. Nuesing Home	Brown Tar	leside AVE 1d. 21228
ray or ather traumatic every interpretation, at rem	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	one heral	Jeilerg Res MINAL DISEASE OR COND	ITION GIVEN IN PART I	(to)
giene prior shaws any ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSŸ?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
this certificate the burial-transit and Mental Hygi ed ar Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE- (IF EITHER, NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOT WHILE		19 ZII LOCATION	RRED (ENTER NATURE OF INJURY  CITY OR TOW		STATE
should be detached far use as to with the State Dept. at Health a IMPORTANT: if Hem 21 is mark.		220-1 certify that (I) (this haspi	3 Committee body after death.	ond that in (our) apinion  OF ATTENDING PHYSICIAN  120 ADDRESS  7220 Pu	MEDICAL STAF	te and hour and from the	that (1) (we) lost e couses stated E SIGNED
. # ¥ ¥	230.	BURIAL CREMATION, REMOVAL Burial	23b. DATE 23c. N	name of CEMETERY OR CREMATORY rbutus Mem. Par	k Baltimo	ore Co.	MD STATE
MH-16 20M 15, 4) 7/78	24. F	uneral director Vm. C. March	F/H 1101 E.	North Ave. 1250 DA	TE REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGNA	TURE



10	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	3 0 5 5 6
		CEASED NAME FIRST	SEPH P. NORDHA	USER	20. DATE OF DEATH MONT	12 12 12 25
M)	3. SE	Male	4 RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HE MONTHS DAYS HOURS MILE YRS
69	7a. B	RTHPLACE (STATE OR FOREIGN PUNTRY)  VORIC	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	
S Serified		WSON MD	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION SET ADDRESS! H HOSPITAL	120. USUAL OCCUPATION (TYPE O WORK FOR MOST OF WORK	RING LIFE) 126. KIND OF BUSINESS CINGLIFE) INDUSTRY BANK
3		AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 13c PY ORTO	YES NO P	13e. STREET ADDRESS	DONACLIE RO
31	14 F	ATHER'S NAME	MODIE NERdhaus	er. 15. MOTHER'S MAIDEN N.	ALIA MIDDLE 7	osen end
medical	160 \	VAS DECEASED EVER IN U.S YES, NO OR INKNOWN) (IF YE	s GIVE WAR JUTES) 157-20	CURITY NO. 17. INFORMANT	Nordhauser	Siame
emoval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause per lip far (a) (b), NUSED BY: DIATE CAUSE (o)	Bli metastah	c Carcinom	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
umatic	T	Canditions, if any, which	DUE TO, OR AS A CORSEC	OBABLE METASTIC	CARCINOMA	
other tro		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		4
injury, a	NO O	PART 2 OTHER SIGNIFICAL CHE.	NT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER.	minal disease or conditio	N GIVEN IN PART 1(a)
shows ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONTH	DAY YEAR 19 21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
rkedor	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE	E, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		saw the deceased olive	e on Dec. 27	00	, ta Dec. 27	d hour and from the causes stated
T. If hem		22b. SIGNATURE	880 alan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED   8
IMPORTANT: F		22d. PHYSICIAN'S NAME (T	YPE OR PRINT) KALARIA MD	7620 Y	ORK RD. TOWS	ON MD 21204
3 3	23a.	SURIAL CREMATION, REMO	VAL 236. DATE 23 / 80 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION AND OR PAN LIN	STON N STE
2/80	24 F	UNERAL DIRECTOR -	1 1		TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE

EVANS PENERAL Chapel SSOU HARTORIS RL

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND

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	2	1 - S	OR TATE EGISTRA
200 200 2		1 DECE	ASED NA

completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours ofter death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	0.		
ľ	I. DECEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE OR PRINT) Ruth	M.		Nordo	one	December	1,	1980	м
T	3. SEX	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
1	Female	Whit	te	Jün	ė 16, 1926 ar	54	YRS	MONTHS DAYS	HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	9 BALTIMORE CITY O	R COUN	NTY OF DEATH	
1	New York	τ	JSA	WIDOW		Baltime	ore	County	MD.
	10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION	12h KIND C	F BUSINESS OR
1	Towson		Putty Hil		nue I	(TYPE OF WORK FOR MOST OF Homemake	r working	G LIFE   INDUSTRY	
1	USUAL RESIDENCE (16 NURSING HOME OF 136. STATE 13b. COUI Maryland Bal	ROTHER INSTITUTION NTY . <b>timore</b>	13c. CHY OR TOW TOWSON		13d. INSIDE CITY LIMITS?	13e. STREEL ADDRESS 1455 Put	tv F	Hill Aven	110
١,	4. FATHER'S NAME				15. MOTHER'S MAIDEN NAM			1222 137011	-
ľ	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	ST
1	Henry		Mart		Isabe			F	alcon
P	(YES, NO OR UNKNOWN)   (18 YES, GO	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
L	No	T THE ON PATES,	127-18-9	002	Mr. Albert	P. Nordone.	Sr.	same	as # 13
F	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (o), (b), one	d (c1.)			. J.		MATE INTERVAL ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	D BY:			astatic adenoca	scinting not	hree		2402
ı	174 GIMMEDIA	TE CAUSE (a)				5,	V		
ŀ		DUE TO, O	R AS A CONSEQUE	NCE OF					
1	Conditions, if any, which gove rise to immediate	(p)_							
l	couse (0), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF				455	
ı	onderlying coose lost.	(c)							48 == 1.00
ı	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	GIVEN IN PART 10	0.
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	TION CONID	TION FOR WHICH	ODERATIO	N WAS PERFORMED	200 AUTOPSY?	120h 15	YES, WERE FINDIN	ICS USED
	2 IVE DATE OF OPERATION	198 COND	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPST:	IN CET	RTIFYING CAUSES	OF DEATH?
4	Ē					YES NO		YES	NO 🗌
		110	DE INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM	18 PART 1 OR PART 2)	
1	(IF EITHER, NOTHEY MEDICAL EXAMINE	2111	M.	19					
L	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	21e PLACE			211. LOCATION	CHYORTO		COUNTY	STATE
l	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC }	STREET	CHYOKIO	IWIN	COUNTY	SIAIE
l	22a I certify that (I) (this hosp	tal) attended th	e deceased from_		8 8 19 80	, to			that (I) (we) last
ı	sow the deceased alive or		19	, o	nd that in (my) (aur) apinion o	death occurred on the de	ote and I	hour and from the	couses stated
1	obove, (I) (wet (did) (did no 22b. SIGNATURE	of) view the body	offer death.	_	DEGREE			226. DATE	SIGNED
ı	Paul	Pens	114 1		ATTENDING	MEDICAL STAI		12,	1.180
1	22d. PHYSICIAN'S NAME (TYPE				22e. ADDRESS				
1	Paul Chang I	MD			Good Samarit	an Hosp. Ba	altin	more, Md.	
ŧ	22- BUBIAL CREMATION REMOVAL	Took DATE	122. 6	IAME OF C		Total LOCATION			

Loudon Park Crematory

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: etained by the haspital

shauld be detached for use as the burial-transit permit. Then please remove carban pape: with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

morked or Item 18 shows any

IMPORTANT: If Item 21 is

(SPECIFY)

Cremation

injury, or other troumotic

12/2/80 24. FUNERAL DIRECTOR Ruck Towson Funeral Home Inc. Towson, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Baltimore

Maryland

STATE

8 --2302 KER 

Cremcion 15/3/30 Louisi Physics estrate (15/3/30 Physics estrate)

STATE OF MARYLAND



12/21/80

well Lemmon, 10 W. Padonia Rd.

REGISTRAR

Burial

24 FUNERALDIRECTO

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Arlington Cemetery

REG. NO

IF UNDER I YEAR IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

Timonium

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Raines

COUNTY

Arlington,

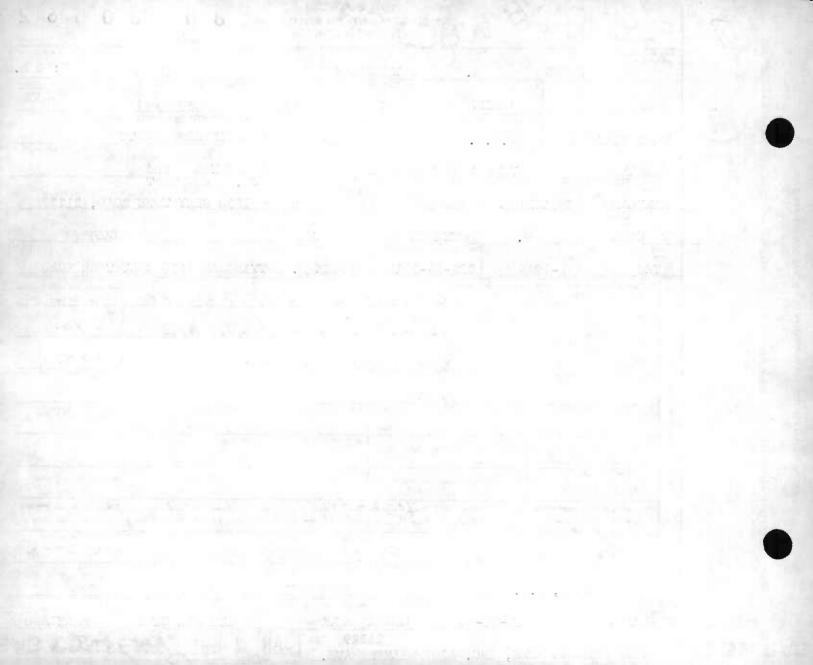
22c. DATE SIGNED

20. DATE OF DEATH MONTH

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND



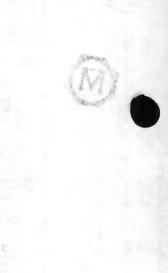
6	FOR STATE REGISTRAR		MI	DEPARTMENT EDICAL EXAM	OF HEALTH	MARYLAND H AND MENTAL H CERTIFICATE C	YGIENE ()	REG. NO.	0 5	6 3
28487	1. DECEASED NA/ (TYPE OR PRINT)	Cec	ilia	Patr		O'Donnell	OF		12 30	year Zb. HOUR
	female	white	5. DATE OF BIRTH	23 STEAR LASTE	(IN YEARS IF UN BIRTHDAY) MONT YRS.		MIN PRONOUNDEAD	NCED .		YEAR 2d HOUR 80 5:15,P
NEGES.	70. BIRTHPLACE FOREIGN COUNTRY  Illin	ois	76. CITIZEN OF V	A	WIDOV		ED BE	orecity <u>or</u> c	County	MD.
OO SHEE	Catons	ville	sidewa.		and Me	cCurleySts	12a. USUAL OCCU FOR MOST OF WOR House	PATION (TYPE OF VEKING LIFE)	ORI	D OF BUSINESS INDUSTRY DME
AND 3 RETAIN PECOR	USUAL RESIDENC 130. STATE Marylan	e (IF IN NURSING HOME of 13b COUND Bal-	or other institution, ity timore	GIVE RESIDENCE BEFORE AI 13c. CITY OR TOV Catons	WN	13d. INSIDE CITY LIMITS? YES NO 🔯	130 STREET ADDRI	ss Biddle	Court	21228
F-XDEIDA	14. FATHER'S NAA FIRST John		MIDDLE	Buckle		15. MOTHER'S MAID! Genev	٨	ANDDLE	McCa	arthy
BALTIMORE RS AFTER DEA S. GIVE PAGES WITH FORM P DIVISION OF	YES, NO, OR UNKN	ED EVER IN U.S. AR IOWN) (IF YES, GIVE N	MED FORCES? WAR OR DATES)	350-12		Mr. Will	iam O'Do	nnell	Same	
H ST., HOUR EM IB. SNG W ERMIT. ENE. D	18 CAUSE PARTIE	DEATH WAS CAUSE	nly one cause per lin D BY: A1 TE CAUSE (a)	ne for (a), (b), and (c rterioscle	rotic	cardiovascu	ılar disea	se	BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
M ZZYEZQ		ons, it any, which	1	DR AS A CONSEQUE	NCE OF					
# 1 W 2 T 6 C	cause (	o) stating the <u>under</u> ouse lost.		DR AS A CONSEQUE	NCE OF					
ECORDS,  D BE EXECTENDING  MEDICAL  AS A BUR  CREMATI		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO TH	E TERMINAL DISEAS	SE DR CONDITION GIVEN IN PA	RT 1 (a)			
VITAL RECOI SHOULD BE EVORD ONE WENDING CHIEF MEDING SE USED AS A AT OF HEALTH	190 DATE C	OF OPERATION	19b CONE	DITION FOR WHICH	OPERATION V	VAS PERFORMED?				UTOPSY?
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROED TO THE CHIEF MEDICAL EXA E 3 SHOULD BE USED AS A BURIAL EDEPARTMENT OF HEALTH AND MEDICAL EXA OF PRIOR TO BURIAL, CREMATION,	UNDERLYIN	IAL CAUSE WAS IG OR TING CAUSE OF		M. MONTH DAY	YEAR 216 H	OW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
DIVISIGERTI AER: THIS CERTI CATE, WRITING CORWARDED 1 OR: PAGE 3 SH HE STATE DEPA	21d INJURY WHILE AT WORK	OCCURRED  NOT WHILE AT WORK		E OF INJURY (AT HO ACTORY, FARM, ETC.)		OCATION STREET	CITY OR TO	WN	COUNTY	STATE
INER: THE STAND ST	22a I cer death resu		ge of the remains d	escribed above, held	an Autar	Inspection	n , Inquiry		т ту ортпал	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE SEATLIMORE, MARYLAND,	ACTUAL SIGNATUR	AFT	DUR	and .	Solitae	TITLE (SPECIFY) Assistan			DATE 12/	/31/80
TO MEDIC EXECUTED PAGE 4. TO FUNES. AFTER DEAT	EXAMINER'	//-	mez R. G	uard,M.D.		ADDRESS 111		eet,Balt		1201
BP	(SPECIFY)	ation, REMOVAL ation	23b. DATE 1/3/8 <b>∮</b>			Process	23d LOCATION CITY OR TOWN	ille	COUNTY	STATE WILD
DHMH - 17 (VR A15 ME (5)) 15M2/80	24 FUNERAL DIRI NAME MacNab	b Funera	al Home			25a. DATE	REC'D. BY REGISTRA	AR 256 GUTR	ARS GN U	AL.

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STATE OF MARYLAND



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V	1-	- STATE REGISTRAR			DELAKII	CERTIF	CATE OF	DEATH	itine O	REG. NO		0 0	0 7
		CEASED NAME OR PRINT)	FIRST		MIDDLE	L	AST		20. DATE OF D	EATH M	ONTH [	DAY YEAR	2b. HOUR
		and the second second	Franci	S	E.	01	d, Jr.			Dec	c. 2	3 1980	3.00 A
	3. SE	X		4 RACE		5. DATE O	FBIRTH		6. AGE (IN YEA		(DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		Whit	e	Jan.	29,	1910	70		YRS.	MONTHS DAYS	HOURS MIN.
F	(	RTHPLACE (STATE OR COUNTRY)  Marvland	FOREIGN	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER	MARRIED  VORCED	9. BALTIMOR		COUNTY e Cou		M
7	10. CI	ITY OR TOWN OF DE	ATH	II. NAME OF	HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL O	OR MOST OF	WORKING LIFE	126. KIND C INDUSTRY	OF BUSINESS OF
		Parkville			ld Harfor		d		Edito	r M	edica	1 Publ	ishers
E	13a. S	at residence (IF NOR STATE cyland	Balti	TY	13c. CITY OR TOW Parkvil	'N I	13d. INSIDE O	NOXX	130. STREET AL 9301		Harfo	ord Roa	đ
	14. FA	ATHER'S NAME		AIDDLE	LAST		15. MOTHER	S MAIDEN NA		WIDDIE			
T		Frank		lhert	01.4		7	manda		WIDDIE		Gardin	er
		WAS DECEASED EVER	R IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMA			ADDRES	S	Garain	CI
1	0	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-16-6	022	Mass. D	orothy	01.7	0007	017	Harford	
		Canditians, if any gave rise to imcause (a), statiunderlying cause	, which	(b)_	R AS A CONSEQUE		<i></i>	vice					
	NOI	PART 2. OTHER SIG	NIFICANT C	conditions co	ontributing to I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR COND	ITION GIVI	EN IN PART 1	a,
2	CERTIFICATION	19a DATE OF OPERA	TION	196. CONDI	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOP		IN CERTIF	, WERE FINDING YING CAUSES	
7		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	216. TIME O HOUR A P.:	M. MONTH DA	AY YEAR	21c. HOW IN	IJURY OCCURE	RED (ENTER NATU	RE OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREE			CITY OR TOW	N	COUNTY	STATE
		22a.1 certify that (I'sow the decease above, (I) (web)	sed alive on.	12/1	19 5	50 , an		(out) apinian (	, ta death occurred	an the dat			that (1) (we) last causes stated
		22b. SIGNATURE	17-	Rei	7,60	1		ATTENDING PHYSICIAN &	MEDICAL DIRECTOR	STAFF		22c. DATE	SIGNED
-		22d PHYSICIAN'S N	AME (TYPE OF	PRINT	Out		22e ADDRES		DIRECTOR	J 111131C1/		1 9-1	~3100

BP. DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Hem 21 is

Cremation

23e BURIAL, CREMATION, REMOVAL (SPECIFY) 12-24-80

Klinefelter,

23b. DATE

Loudon Park

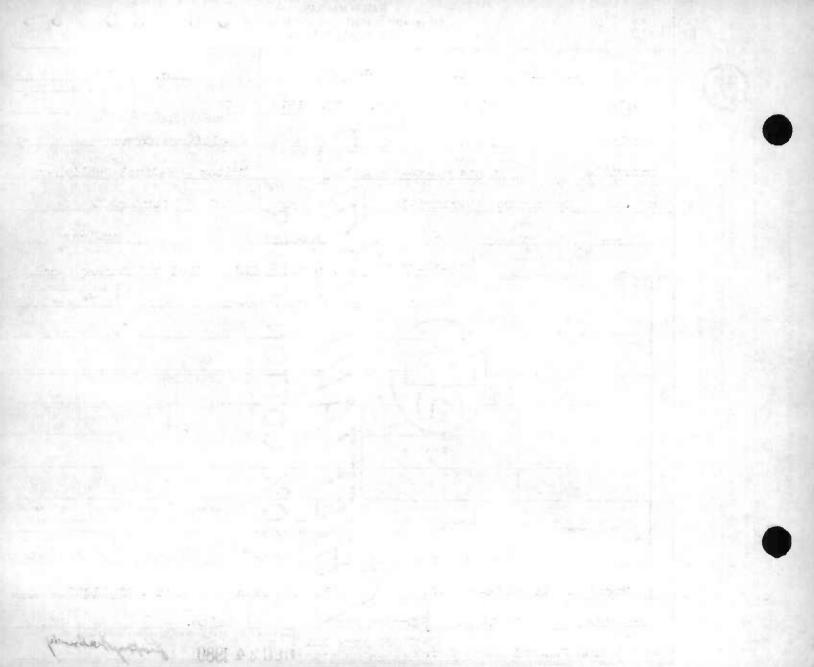
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
CITY OF TOWN Balto.

550 North Broadway

COUNTY

STATE Md.

24 FUNERAL DIRECTOR
NAME
RUCK Towson Funeral Home, Inc. ADDRESS 1050 York Rd.



					SIMIE	OF MARYLAND				
3	1.	FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HY	GIENE 8 0	3	0 =	6 6
		CEASED NAME FIRST		WIDDIE	LA	ST	20. DATE OF DEATH	MONTH 0	AY YEAR	26 HOUR
	,	Lil1	lian	Α.	OLEI	RT	December 1	L8. 198	30	8:40P M
	3. SE	X	4. RACE		5. DATE OF		6. AGE IN YEARS LAST BE		ONTHS DAYS	IF UNIDER 24 HRS
		FEMALE	WHITE		July	5, 1895 YEAR	85	YRS.	ONIHS. DAYS	HOURS MIN.
	Ju: BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED XX	9 BALTIMORE CITY		OF DEATH	
35		ryland	U.	.S.A.	WIDOWED	DIVORCED [	Baltin	nore Co	untv	MD.
	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND OF	F BUSINESS OR
58		Towson	St	Joseph Ho	enital		Seamstres			oring
	USU	AL RESIDENCE (IF NURSING HOLD)	OF DIME INSTITUTION	I GIVE RESIDENCE BEFORE	E ADMISSION)		13e STREET ADDRESS			0221.6
35		aryland	ACTION 1	Baltimor		YES X NO	1705 Ramb	hoosse [	Road	
		THER'S NAME	0.0			15 MOTHER'S MAIDEN NA	AME	LEWOOD		
00		Christian (	01ert	LAST	100	Anna Dre	WIOOFE		LAST	
		VAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS	24.25	-
2	0	NO Z	GIVE WAR OR DATES	21 2-01-4	060	Andmore Olom	t E Daniero	Nant (	21 05	
, , , , , , , , , , , , , , , , , , , ,	$\vdash$	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU				Andrew Oler	t o kayens	Nest (	APPROXIA	MATE INTERVAL DINSET AND DEATH
		Conditions, if ony, which	DUE TO, C	OR AS A CONSEQUE	ENCE OF	bent sail	me			
	ICATION	4292	DUE TO, C  (b)  DUE TO, C  (c)  IT CONDITIONS C	Conzer DR AS A CONSEQUE	ENCE OF ENCE OF DEATH BUT N	heart fail		20b. IF YES,	WERE FINDIN	GS USED
2	RTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	DUE TO, C  (b)  DUE TO, C  (c)  17 CONDITIONS C	Congression of the Contributing to E	ENCE OF ENCE OF DEATH BUT N	beaut fail NOT RELATED TO THE TER/	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{YES} \( \text{NG} \)	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED
29	ICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (AFETHER, NOTIFY MEDICAL EXAMI	DUE TO, C  (b)  DUE TO, C  (c)  IT CONDITIONS C  19b. COND  DEATH HOUR A  P	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY  .M. MONTH DA	ENCE OF ENCE OF DEATH BUT N OPERATION  AY YEAR 19	NOT RELATED TO THE TERY WAS PERFORMED  21c. HOW INJURY OCCUP	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{YES} \( \text{NG} \)	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
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29		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF COUNTRIBUTION OF COUN	DUE TO, C  (b)  DUE TO, C  (c)  IT CONDITIONS C  19b. COND  DEATH HOUR A HOUR A P  21e PLACE (AT HOME, ST	OR AS A CONSEQUE CONTRIBUTING TO E  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  IREET, FACTORY, OFFICE, F.	ENCE OF ENCE OF  DEATH BUT N  OPERATION  AY YEAR  19  ARM. ETC.)	NOT RELATED TO THE TERM WAS PERFORMED  21c. HOW INJURY OCCUP 21l. LOCATION STREET  4 19 4 8 that in (my) (our) opinion EGREE ATTENDING	200 AUTOPSY?  YES NOTER MATURE OF INJURED (ENTER MATURE OF INJURED). 10	20b. IF YES, IN CERTIFY YES DWN  JEAN 10 ITEM 18 PAIN DWN  JEAN 10 ITEM 18 PAIN LOTE ON THE MILE AND THE MILE	WERE FINDIN ING CAUSES ( COUNTY  9 PO 1  ond from the c	GS USED OF DEATH? NO STATE that (I) (we) lost couses stated
29		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF COUNTRIBUTION OF COUN	DUE TO, C  (b)  DUE TO, C  (c)  IT CONDITIONS C  19b. COND  DEATH HOUR A HOUR A P  21e PLACE (AT HOME, ST	OR AS A CONSEQUE CONTRIBUTING TO E  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  IREET, FACTORY, OFFICE, F.	ENCE OF ENCE OF  DEATH BUT N  OPERATION  AY YEAR  19  ARM. ETC.)	NOT RELATED TO THE TERM WAS PERFORMED  21c. HOW INJURY OCCUP 21l. LOCATION STREET  4 19 4 8 that in (my) (our) opinion EGREE ATTENDING	WINAL DISEASE OR CON  200 AUTOPSY?  YES NOTO  CITY OR TO  death accurred on the of  MEDICAL STA	20b. IF YES, IN CERTIFY YES DWN  JEAN 10 ITEM 18 PAIN DWN  JEAN 10 ITEM 18 PAIN LOTE ON THE MILE AND THE MILE	WERE FINDIN ING CAUSES ( COUNTY  9 PO 1  ond from the c	GS USED OF DEATH? NO STATE  that (I) (we) lost couses stated
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Billimore, Vd

Olegas Funeral Homes, Inc.

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	TO HOSPITAL OK ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afterenoined by the hospital or ottending physicion.
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	-	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3 0	5 6	5 7
0			CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH		YEAR 2b	HOUR
71		(TYPE	margal	ret 15	ose	02	eill	100c.	5,1580	12	1:15 Am
-		3. SE		4 RACE	A LILE	5. DATE C		6. AGE (IN YEARS LAST BIRT	,		INDER 24 HRS
「随即		F	emale	cauc.		12	26° 91°	89	YRS.	OAYS HO	URS MIN.
是到人			RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH	
1	0	- *	MD .	U.S.A		WIDOWE	D DIVORCED	Balto. C	ounty		MD.
by the	10		tonsville	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET. NOOK NUX	ADDRESS)	Home	(TYPE OF WORK FOR MOST OF AY	F WORKING LIFE) INC	KIND OF BU	SINESS OR
d in be		USU/	L RESIDENCE (IF NURSING HOP	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			= //
pluo S	0			Ito. City			YES MO	3114 Gibbo	ns Ave.	212	14
2 sh	_	4 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	74.00
350	0	J	ohn		O'Neill		Annie	Milotte	T	insey	
ges 1	2		AS DECEASED EVER IN U.S	. ARMED FORCES? , GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	212	.07
S. Po			NO		218-10-7	678	Mrs. Catheri	ne Graves 7		APPROXIMATE BETWEEN ONSET	
n signed by the ottending physis Then please remove corbonpop or to buriol, cremotion, or removo injury, or other traumotic event, i		ION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONTROL OF TO		NCE OF	relie Henry			2 m. 3 3 m a 4 x 6 r PART 1(a)	132
permit ene pric	2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (	CAUSES OF	USED DEATH?
ntal Hyginem 18 sho	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FOEATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR				
ked or He		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATION STREET	CITY OR TOV	vn cou	INTY	STATE
be detoched for use or e Stote Dept. of Health TANT: If Item 21 is mor			220.1 certify that (I) (This has sow the deceased alive above, (I) (See) (Sed) (did the SIGNATURE 224. PHYSICIAN'S NAME (The SIGNATURE)	d nat) view the body	2-2 19 8	30, on	22e ADDRESS	MEDICAL STA	FF 22		
should be det with the State IMPORTANT:		22- 0	Harid 1	/ . /	enna, 1	4.0.		23 A Vie	trans	lug 1	ed.
		(	urial, cremation, remo pecify Burial	12/9/	'80 Ne	ew Cat	emetery or crematory thedral	Baltimore			MD
6 50M 7/77 . 15 (4)}		24. FL	NERAL DIRECTOR 8728 Loring Byers	B Liberty Funeral D	rectors,	P.A.	own, Md. $ ^{250.\mathrm{DATI}}$	E REC'D. BY REGISTRAR'	25b. RE	Mela	my

Committee of the Commit Hiller of the Color of the Colo 10 345 

	1			STATE OF MARYLAND	-	
	1	FOR - STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		30568
n. n.	1	KANVICK	MIDDLE STY	LIANOPOULOS	PER PEADO OF	DAY YEAR 26. HOUR
page beat	3. SE	MICK	4 RACE	PAPPAS 5. DATE OF BIRTH	12 -8 -	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
· Cha	3.50	MALE	WHITE	JUNE 6 1946		YRS.
death. Po		IRTHPLACE (STATE OR FOREIGN GOUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	BALTIMORE CITY OR C	
the fundamental		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED WING HOME OR OTHER INSTITUTION (TADD)	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY
in by be filed		ALTIMORE AL RESIDENCE (IF NURSING HOME (	2940 LANE	PROOK CIR.	RESTAURANT	EUR FOOD
hin 24 ho	13a.	MD 136. COL	A HO BALTIM	WN 13d. INSIDE CITY LIMITS?	13294OLAK	BROOK CIR.
A 2 anim	14. F.	ATHER'S NAME FIRST N 105	MATA	15. MOTHER'S MAIDEN NA	AME	TROPOULOS
+ 0 -		WAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT	ADDRESS	1KOPOUZOS
be execu		YES, NO OLUNKNOWN) (IF YES, G	IVE WAR OR DATES)	ANDREW	Still	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
that the death certificate dby the attending physical lease remave carbanpapes ial, cremation, or remaval. or ather traumatic event, the		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENT OF THE TOTAL OF AS A CONSEQUENT OF AS A CONSEQUENCE OF THE TOTAL OF T	JENCE OF JENCE OF		N
8 8 6 5 .	7		CONDITIONS CONTRIBUTING TO	MRY ARTERY T		ION GIVEN IN PART 1(0)
he law re an. has been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 2	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
ANS Phys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IF	NITEM 18 PART I OR PART 2)
PHY this the bu	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z = 2 5 7 .5		270 I certify that (1) this has	pital) attended/the deceased from	SO and that in (my) (our) apinior	, to 11/4/	80, we lost
15 of 5		saw the deceased alive a above, (I) (we) (did) (did n 27b. SIGNATURE	n 19 (at) view the body after death.	DEGREE	death accurred on the date	and hour and from the causes stated
		Chi Pa	podafondo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	- 10/11/93
HOS ined old b		22d. PHYSICIAN'S NAME (TYPE CHRIS PAPAL	POPOULOS MD	170 ADDRESS SOUTH		TREET BALTHORE
Sport of Spo	23a	BURIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	TREET, THE HITTER
BP	74.6	BURIAL UNERAL DIRECTOR	12-10-80 57	VeneTRIUS	ERE D SYMESERARIA	THE STATE OF THE S
DHMH-16 30M 2/80 (VRA 15, 4)	J	ONW M. TAY	LORISONS	WHOOLIS MD		/ //

i o P o A X A / City Color of the Color BALLES ENGLISHED Est Sundanis Comment Form BALTIMORE the new x statement book like PUTEN DES STEEMPERSON ELINETEN DE L'ARBERT EN L'ESTA LOS Marit Asc maray The state of the s Fire in several St. District South Property S. P. A. 140 demilit 1 my Lox Sons furnishers MD

			STATE OF MARYLAND	0 1 3
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & U S	0309
		DECEASED NAME FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
ŧ	(1	(PE OR PRINT)	2222	11 80 25. HOUR
r deot	-	SONIE		4 / M
175	3.	SEX PENALE	4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
		FEMMLE	WHITE 12 28 1896 83 YRS.	
Y	7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	AA	FRANCE	WIDOWED B DIVORCED DI BALTO,	COUNTY MD.
2	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
1/	205	TEVENSON	1425 GREEN SPRING VALLEY KO HOUSEWIFE	HOME MAKER
80	13	UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		0 1 11
릦	2	MD, 13.	4LTO, STEVENSON YES NO V425 GREEN.	PRINC VALLEY KI
and.	D. 14	FATHER'S NAME	MIDDLE LAST IS. MOTHER'S MAIDEN NAME	LAST
exod	5C	PIERRE	WALSHE UNKNOWN	
medicol	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	SAME
a a		NO	219-36-0813-7 MR. TRANCIS S. WHITM	1AN JR.
		18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and (c.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
,		PART I. DEATH WAS CAUS	ATE CAUSE (0) RELIEVE TWO HEAVY SELLING	Luhs
otic		4416	DUE TO OR AN AGONISOUS CEOF 11	0
troumotic		Conditions, if any, which	( 10) William Heart briege	4 colls
other tr		gave rise to immediate cause (a), stating the	DUETO OR AS A CONSEQUENCE OF	oton
		underlying cause last.	Poll orderetts horosa	gan
			CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
_	CERTIFICATION			
sony		190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
or Item 18 shows	4			YES NO
8 (			[216, TIME OF INJURY   216, TIME OF INJURY   216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
fem	1 2	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 19	
morkedor	MED	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN	COUNTY STATE
D W L	1	AT WORK NOT WHILE AT WORK	0 0 10 00 00	Col
is mo			pital pattended the deceased from COLLY 19 60 to December 19	, 19, that (I) (we) last
2	5 5	saw the deceased glive a abave, (1) (we) (did) (did)	on Dec y and that in (my) (and applicant death accurred on the date and he not) view the bady after death.	our and fram the causes stated
f Hem	8	226. SIGNATURE	DEGREE	224. DATE SIGNED
*		Muller	U d DUD WO ATTENDING D'MEDICAL STAFF PHYSICIAN D'DIRECTOR PHYSICIAN D	12/12/10
MPORTANT	T	228. PHYSICIAN'S NAME ITYPE		
OR	1	WILAIN	A F FRITZ 241 VOINERRITY PO	28 Grow
IMPORTAN	23	BURIAL, CREMATION, REMOVA	AL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN	
		SPECIFY TO MIR MEAN	T 12-13-80 DRUID RIDGE CEM. PIKES VILLE	BALTO, STATE
7	24	FUNERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR 25b. REGI	GTRAR'S SIGNATURE
/17	12	PANK H. NAU		
		MICTAL III / N L-UL/		

	1		
	Live to I	SU FIFE	325633
DRATE CREWTY		A.S.H. 1	
KILLINER MARKES			
25 Elecu France Descri	£2,	S. S. S.	MINISTRAL
	standard L		
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1 6 2 else Marie en la company de la . 18 55. THE PARTY OF THE P terms as dear , and ... In the last to the same of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE KHOWN O MONTH 2a. DATE (TYPE OR PRINT) ESTI-CHARLES H. PECK DEATH MATER SEX / 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. THE UNDER 24 HRS POATE YEAR LAST BIRTHDAY) 8 DEAL YRS Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! PENN WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! +OUSON TEACHER LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13e. STREET ADDRESS 3a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MIDDLE RIVER YES [ NO I 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ECK SMIT H ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 36.8940 THELMA UNK ABOVE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for toy it), and it BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OW AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMALAD DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [] NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE ATE Inspection L 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion death resulted frame Natural causes Momicide Undetermined manner ITLE SPECIFY DATE DEATH. EXAMINER'S NAME TO PUI AFTER TYPE OR PRINT) TH. LOCATION TIG BURIAL CREMATION REMOVAL I III DATE 731. NAME OF CEMETERY OR CREMATORY STATE BP BY RECESSION 1256 RECESSION 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M 7/77

Edward E. \*\* TO SEE THE TOTAL PROPERTY OF THE PROPERTY O STEEL HOLLING PRODUCT 

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1980

3 0 3-7

		REGISTRAR			CERTIF	ICALE OF DEATH		REG. NO.			
		CEASED NAME FIRST		MIDDLE	l	AST .		20. DATE OF DEATH MONTH	OAY	YEAR	2b. HOUR
	(TYPE	WILL	LIAM	Α.	PELI	INGTON,	SR	12	01	80	6:30PM
	3 SE	X	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDAY)		NDER I YEAR	
		Male	Whit			30, 190 I	A.R	<b>7</b> 9	RS.	THS DAYS.	HOURS MIN.
-		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8,	NEVER MARRIE	0	BALTIMORE CITY OR COL	JNTY OF	DEATH	
1		New Jersey	USA		WIDOWE	D DIVORCE	D 🔲	TOWSON	Bal	timor	e Counto
- ,	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITUTIO		20 USUAL OCCUPATION		12b. KIND (	OF BUSINESS OR
6		BALTIMORE	6701	N. CHA	ARLES	STREET		Restaurant Ow		INDUSTRI	
1	13a. S	AL RESIDENCE (IF NURSING HON STATE 113h CO	AE OR OTHER INSTITUTION	113c. CITY OR TO		134. INSIDE CITY LIM	ITS2 II	3e. STREET ADDRESS			
9	Ma		Baltimore	Towson		YES NO		797 Galitone	Lane		
60.	14. FA	ATHER'S NAME				15. MOTHER'S MAID	ENNAME				
4	5		Pellingtor	EAST		FIRST	20.00	MIDOLE		LA!	51
-	16n V	VAS DECEASED EVER IN U.S.		16b. SOCIAL SEC	CLIPITY NO	Cla 17. INFORMANT	Id .	Buckley	_		
		YES, NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)								
		No		135-12-	5621A	Mrs. Rose	Mar	ie Pellington	same		
	0.0	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse per	line for (o), (b), o	and (c).)						ONSET AND DEATH
			DIATE CAUSE (a)	WALDE	ENSTR	OM'S MACE	ROGL	OBULINEMIA	100	2 W	EEKS
		2723	DUE TO O	R AS A CONSEQU	UENICE OF		7-11	ATTENDED		2	. 45 35 55
		Conditions, if ony, which		K AS A CONSEQU	DENCE OF	STORY III					
		gove rise to immediate									
		couse (a), stating the underlying couse last.		R AS A CONSEQU	UENCE OF						
			(c)								
	z	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CO	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMIN	IAL DISEASE OR CONDITION	1 GIVEN	N PART 1	01
	9		PEPTIC				VARY		EAS		
1	CA	190. DATE OF OPERATION	19b. COND	TION FOR WHIC	H OPERATIO	WAS PERFORMED					NGS USED S OF DEATH?
	CERTIFICATION							YES NO	YES [	]	NO [
	B	210. ACCIDENT WAS UNDERLYING	110110 4	F INJURY M. MONTH [	DAV VEAD	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART 1	OR PART 2)	
1	AL	OR CONTRIBUTING CAUSE OF	DEATH		19	-					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE			ZIF. LOCATION					
	ME	WHILE NOT WHILE	( AT HOME STR	EET, FACTORY, OFFICE	, FARM, ETC )	STREET -		CITY OR TOWN		COUNTY	STATE
		AT WORK AT WORK			-	/16	80	12/01	-	80	
		22a I certify that (1) (this hi		2 / 01	×II	, 19_		, 10			that (I) (we) last
		saw the deceased alive above, (1) (we) (did) (did	d not) view the body	ofter death.	, or	id that in (my) (our) of	pinion de	oth occurred on the date and	I hour on	d from the	couses stoted
		226. SIONATURE	1	2/	2	DEGREE				ZZc. DATE	SIGNED
		K.M.	)e Co	isto	n	ATTEND PHYSIC	ING IAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1	12	/01/80
		224 PHYSICIAN'S NAME (T	YPE OR PRINT)			27e ADDRESS					
		DR. R.M.	DE CASTR	0		GREATE	R BA	LTIMORE MED	) I CA	L CE	NTER
		BURIAL, CREMATION, REMOV	VAL 23b. DATE	23€	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION			
	(	Burial	12/5/8	30 L	aurel	Grove Memo	rial			Ne	w Jersey

Towson Md. 21204

Inc. 1050 York Road

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home

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DB/15/16

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	1				MARYLAND				
	1-	FOR STATE		ARTMENT OF HEALT		HYGIENE	30	5 7	3
	1.0	REGISTRAR ECEASED NAME FIRST	MEDIC	AL EXAMINER'S	CERTIFICATE		G. NO.		,
į		PE OR PRINT) ALSA	MAS	Deter	170	20. DATE KNOW OF ESTI-	. 60	_ ^	26. HOUR
1	3. SE		5. DATE OF BIRTH		NDER 1 YR. IF UNDER	DEATH MATE	MONTH -	DAY YEAR	8 Am
F	1/2	114.6		EAR LAST BIRTHDAY) MON		R 24 HRS. 2c. DATE PRONOUNCED DEAD	/> 7	-	2d, HOUR
		male Correction	76. CITIZEN OF WHAT	OUNTRY?		9 BALTIMORE C	JTY OR COUNTY		6 M
	7 B	OREIGN COUNTRY)  ew Jersey	USA	MARI	RIED   NEVER MARK	RIED	Town	rty	
		ITY OR TOWN OF DEATH		, NURSING HOME, OR OT	WED ONOR	120. USUAL OCCUPATION	N (TYPE OF WORK 112	b. MND OF BUS	MD.
7	尼	soulle Meson	3- Lank	GOVE STREET ADDRESS]	e Noo.	FOR MOST OF WORKING LIFE Housewife	E)	OR INDUSTRY	Y
-	130. 5	AL RESIDENCE (IF IN NURSING HOMESTATE	or other institution, give rest NTY 13c berland 7	CITY ORITOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	t. 083	02	
4	14. F	ATHER'S NAME	berrand /	The same of the sa	15. MOTHER'S MAID				
-		James	MIDDLE	Morelei mle	FIRST	WIDDLE		LAST	
9	160	WAS DECEASED EVER IN U.S. A		Newkirk SOCIAL SECURITY NO.	17. INFORMANT	ADD	DRESS		
	0		E WAR OR DATES)	56-07-1528		e Peterson		Loophy	mr Da
		18 CAUSE OF DEATH (Enter of		(A) and (s)				APPROXIMATE II	NTERVAL
		PART I DEATH WAS CAUS	ED BY:	Levis sele	rollie Ca	rdei Vaseule.	n Dis	LCU CO	AND DEATH
		4399 IMMEDI	ATE CAUSE (a)	CONSEQUENCE OF	V C V2C-			2001 200	
		Canditians, if any, which	h	CONSEQUENCE OF					
		gave rise to immediate couse (a) stating the under		CONSEQUENCE OF					
		lying cause last.		CONSEQUENCE OF					
		PART 2 OTHER SIGNIFICANT CONDITION	(C)	T DELATED TO THE TERMINAL DACES	CE DB CDUBITION ONICH IN S	1. D. 1. ( )			
	Z	THE STORY STORY CONDITION	CONTRIBUTION TO DEATH BUT NO	I KETATED ID THE TERMINAL DISEA	TE DK CONDITION GIVEN IN ?	AKI I (0).			
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION V	WAS PERFORMED?			20. AUTOPSY?	
7	FIG								No File
1	ERT	210. EXTERNAL CAUSE WAS	216. TIME OF INJU	RY [21c. H	OW INJURY OCCUR	ED LENTER NATURE OF INJURY IN IT	TEM TO PART 1 OR PART	YES	NO NO
-	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MO	NTH DAY YEAR					
	MEDICAL	714 INJURY OCCURRED	P.M.	19 IURY (ATHOME, 211. LC	CATION				
	M	WHILE NOT WHILE AT WORK	STREET, FACTORY, F.		STREET	CITY OR TOWN	COUNT	TY	STATE
								172	
		220. I certify that I taak cha			psy , Inspection	on , Inquiry .	ond in my apini	ian	
		death resulted from: No	mules U, Accie	dent [], Suicide [	, Hamicide .	Undetermined monner	∐,		
	10	ACTUAL /	a Coth	4	TITLE (SPECIFY)		DATE	12.2	67:
,		SIGNATURE		^	A.D. PJIC	MEDICAL EXAMINER	SIGNED.	12.001-	
	2	EXAMINER'S NAME	LUHN	C. Hyle	ADDRESS 750	713. Lini Pa	4 Bullo	2123691	d
	23a.E	JURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY C		23d. LOCATION			
	(	SPECIFY) Burial	1/2/81	Overlook C		Bridgeton	Cumberl	and h	J.J.
	_	UNERAL DIRECTOR				REC'D. BY REGISTRAR 256.			
	L	assahn Funer	al Home 7	401 Belair	Road TAN	5 1981	wy jone	crossy	
	0.00		~~ ~~ ~~ ~	and the same production ages ages			- 11		

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12/19/80

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Cremation

24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

EIIA MIDDLE

- STATE

I DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Loudon Park Cemetery

LAST

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 12 16 80 IF UNDER 24 HRS AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17h. KIND OF BUSINESS OR I TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Balto., Md. 1909 Halethorpe Ave. 21227 UNKNOWN ADDRESS Balto., Md. John E. Pinkerton 1909 Halethorpe Ave. 21227 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (phy) Jour) opinion death occurred on the date and hour and from the causes stated

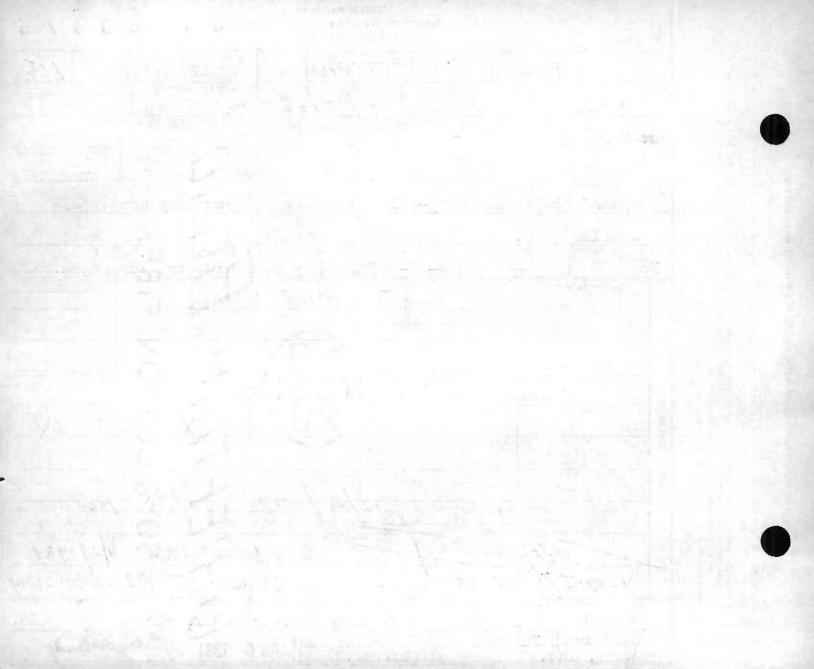
Baltimore

Balto. Md. 21229 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

Maryland

The state of the s The contract of the contract o



4	3	1. DE	STATE REGISTRAR  CEASED NAME FIRS		MIDDLE	CERTIF	ICATE OF DEATH	REG. NO.	3 0 5 7 6
l	-	11116	LII	LIAN	E.	PLE	TSCH	December 3	17 1980 10:1
	-	3. SE	Y Female	4 RACE White	e	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 90 YRS	MONTHS DAYS HOURS MIN.
of Once.		(	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore Co	
potified	3		TY OR TOWN OF DEATH	11. NAME OF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET St. Josep	HOME C	ospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOmemaker	GLIFE) 12h KIND OF BUSINESS OF
must be	5	13a S Ma	ryland	HER INSTITUTION	GIVE RESIDENCE BEFORE  134. CITY OR TOW  Baltimos	N	13d. INSIDE CITY LIMITS? YESX NO [	13e. STREET ADDRESS 6108 Blackbu	rn Lane
examine	0	14. F.A	THER'S NAME Patrick	H •	Burns		15. MOTHER'S MAIDEN NA unknown	WIDDLE	nknown
medical	2		VAS DECEASED EVER IN U.	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166. SOCIAL SECU 216-01-70		Mary Catheri	ADDRESS ne Mansperger 6	21 Overbrook Ro
mer 1			Conditions, if any, while gove rise to immedia couse (a), stating the underlying couse lose	DUE TO. O	R AS A CONSEQUE	NCE OF	(9/10-3-0-0)	<i>3771001</i> 1.	Sur Casal
injury,		ATION	gove rise to immedio couse (ol, stoting the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, O  St. (c)  ANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT		NINAL DISEASE OR CONDITION O	
ony injury,	9	TIFICATION	gove rise to immedio couse (o.l., stating the underlying couse los	DUE TO, O  St. (c)  ANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200. AUTOPSY? 206. IF Y	GIVEN IN PART 1(a)  YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH?  YES NO NO
shaws ony injury,	79	CERTIFICATION	gove rise to immedio couse (o), stoting the underlying couse loss.  PART 2 OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	DUE TO, O  (c)  ANT CONDITIONS C  19b. COND  (G)  19b. COND  HG	ONTRIBUTING TO D	OEATH BUT	N WAS PERFORMED	200. AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO
inked or hem 18 shaws ony injury, or other t	79	MEDICAL CERTIFICATION	gove rise to immedio couse (o), stoting the underlying couse lost part 2 OTHER SIGNIFICATION.  19a. DATE OF OPERATION.  21a. ACCIDENT WAS UNDERLYING.	DUE TO, O  (c)  ANT CONDITIONS C  19b. COND  19b. COND  AG	ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	OPERATIO  AY YEAR  19	N WAS PERFORMED	20a. AUTOPSY?   20b. IF Y	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO
aws ony injury,	9		gove rise to immedio couse (ol, stoting the underlying couse lost underlying couse lost underlying couse lost lost lost lost lost lost lost lost	DUE TO, O  (c)  ANT CONDITIONS C  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME C HOUR A HOUR A P 21c PLACE (AT HOME, ST	ONTRIBUTING TO D  IT ION FOR WHICH  DE INJURY  M. MONTH DA  M.  OF INJURY  REEL, FACTORY, OFFICE, F.	OPERATIO  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURI	200. AUTOPSY? 20b. IF 1 IN CER YES NO RED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 And the couses stoted
# Nem 21 is marked or Nem 18 shows ony injury,	99		gove rise to immedio couse (o), stoting it underlying couse loss of the couse like o	DUE TO, O  (c)  ANT CONDITIONS C  19b. COND  19b. COND  19b. COND  AMINER)  21b. TIME C HOUR A MINER)  21e PLACE (AT HOME, ST	ONTRIBUTING TO D  IT ION FOR WHICH  DE INJURY  M. MONTH DA  M.  OF INJURY  REEL, FACTORY, OFFICE, F.	OPERATIO  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  219  210 that in (my) opinion  DEGREE  ATTENDING PHYSICIAN IS	200. AUTOPSY? 20b. IF YES NO RED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO COUNTY STATE  OCCUPY STATE  19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
T. If hem 21 is marked or hem 18 shows ony injury,	99		gove rise to immedio couse (o), stoting it underlying couse loss and the stoting of the stoting	DUE TO, O  (c)  ANT CONDITIONS C  19b. COND  19b. COND  19b. COND  AMINER)  21b. TIME C HOUR A MINER)  21e PLACE (AT HOME, ST	ONTRIBUTING TO D  ITION FOR WHICH  DE INJURY  M. MONTH DA  M.  OF INJURY  REEL, FACTORY, OFFICE, F.  described from  office death	OPERATIO  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  211. LOCATION STREET  ATTENDING PHYSICIAN 6	200. AUTOPSY? 20b. IF YIN CER YES NO CITY OR TOWN  10 A A A A A A A A A A A A A A A A A A A	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 And the couses stoted

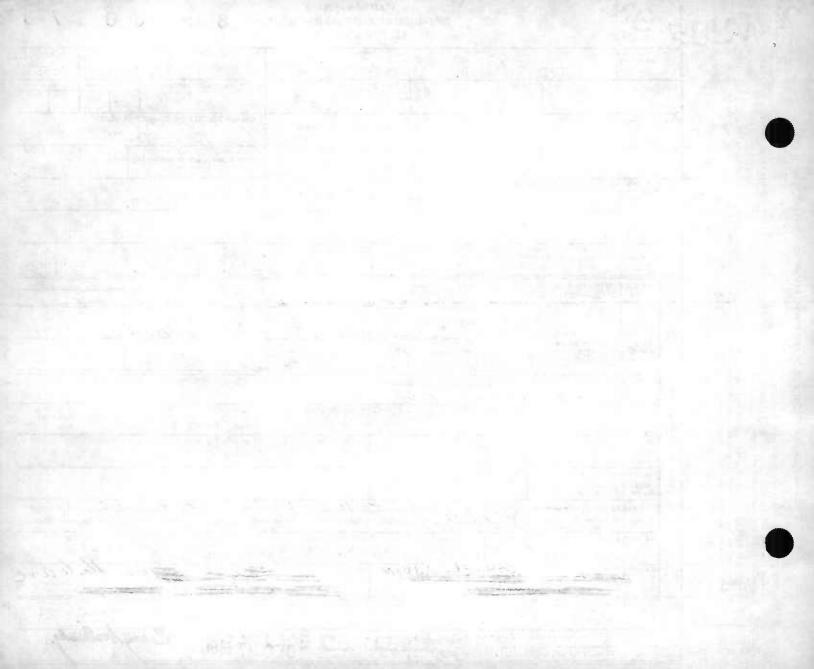
Account the state of the state

		FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3057
		OR PRINT)	MIDDLE		AST T		ONTH DAY YEAR 26. HOUR
RA	3. SEX	Boy	4 RACE	5. DATE C	odwell	6. AGE (IN YEARS EAST BIRTHE	12 3 80 9:04 A
		Male	Cauc	12	3 80		YRS. DAYS HOURS
23		RTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	76. CITIZEN OF WHAT COUL	MARRIE WIDOWE	D NEVER MARRIED D DNORCED	9 BALTIMORE CITY OR Baltimore	COUNTY OF DEATH
O College	10. CI	TOWSON	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GBMC 6701 N.	E STREET ADDRESS)		120 USUAL OCCUPATION	12b. KIND OF BUSINES
25	130. S	AL RESIDENCE (IF NURSING METATE)  Penna	OTHER INSTITUTION GIVE RESIDENCE 13c. CITY OF Airv	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS R.D. #2	Zip 17302
160 mines	_	THER'S NAME FIRST	MIDDLE LA Terrell Podw	vell	15. MOTHER'S MAIDEN NA FIRST  Margaret	ME MIDDLE Ann	Stinehart
nedical 2		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS	
ony injury, or other froumoric	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196. CONDITION FOR V	IG TO DEATH BUT		20a AUTOPSY?	TION GIVEN IN PART 1(0)  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
or Item 18 shows ony	RTIF	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121- HOW INTERPROCEUR	YES NO	YES NO
ltem 18		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	LENTER NATURE OF INJURY	IN HEM 18 PART I OR PART 2)
0	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, (	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY ST
			. 6 1 1 1	from 12/	3 19 80	12/3	, 19 <u>80</u> , that (I) (w
21 is mor		and the second s	10/7	19 <u>80</u> , or		deoth occurred on the date	ond hour and from the causes stat
Hem 21 is		sow the deceased alive an above, (II (we) (did) (did no 17h SIGN 1UR)	12/3 It was the body ofter death.	19 <u>80</u> , or	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED
21 is morl		sow the deceased alive on above. (1) (we) (did) (did no	12/3 If wew the body offer death,  Vazzano	1980, or	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	22¢ DATE SIGNED 12/3/80

STATE OF MARYLAND

1170 A CONTRACTOR OF STATE OF STATE

				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H	0 0	0/
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  26 DATE OF DEATH MONTH DAY YEAR	2b. HOUR
		ORPRINT) MELV	TN E	POLITZER	DECEMBER 12, 1980	4:55
	3 SE		IN E.	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	
1		MALE	WHITE	MAR. 20, 1908	72 YRS MONTHS DA	YS HOURS MI
1	70 B	IRTHPLACE (STATE OF FOREIGN	75 CITIZEN OF WHAT COUNTR		The state of the s	
35	0	OUNTRY J MARY LAND	USA	MARRIED MEVER MARRIED		
	_	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIN	D OF BUSINESS
5		RANDALLSTOWN	BALTIMORE COUNTY	RET ADDRESS) NTY GENERAL HOSPITA	TYPE OF WORK FOR MOST OF WORKING LIFE   INDUST	ARDWARE
-	USU 13e	AL RESIDENCE HE HURSING HOMES	OF OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION] DWN 134 INSIDE CITY LIMITS		
55		MARYLAND	BALTI		6000 PIMLICO RD.	#21209
	14. F/	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
DO		DAVID	POLITZI	ER ELIZA	ABETH GOLDI	BERG
7	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT MI	RS. MOLLIE POETTZER	
1		NO (* 123, G	217-09	-6037 6000 PIM	LICO RD. BALTO., MD	2120
		IS CAUSE OF DEATH (Enter of	anly one cause per line far (a), (b),	<del></del>	APP BETWI	ROXUMATE INTERVAL
	V. a.	PART I. DEATH WAS CAUS		dies arres		
		IMMEDIA	ATE CAUSE (a)			
		1 1 h h				
		2500	DUE TO, OR AS A CONSEC	DUENCE OF	ila dua	
		Canditions, if any, which	DUE TO, OR AS A CONSECUTION (b)	PUENCE OF Prioscles at	- Heart diseases	
		Canditions, if any, which gove rise to immediate cause (a), stoting the	1 (b) arte	rioselesate	- Heart diseases	
		gove rise to immediate	DUE TO, OR AS A CONSECUTION OF A CON	rioselesate	t a Heart disease	
		gove rise to immediate cause (a), stoting the underlying couse last	DUE TO, OR AS A CONSECUTED	orioteles at bull	tens	No
	N.	gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSECUTED	orioteles at bull	Less are or condition given in part	T 1(o)
	ATION	gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT	DUE TO, OR ASTA CONSECUTION CONDITIONS CONTRIBUTING TO	DUENCE OF Mella O DEATH BUT NOT RELATED TO THE TE	The same of condition given in part	
9	FICATION	gove rise to immediate cause (a), stoting the underlying couse last	DUE TO, OR ASTA CONSECUTION CONDITIONS CONTRIBUTING TO	orioteles at bull	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  700. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED SES OF DEATH?
9	RTIFICATION	gove rise to immediate cause (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	DUENCE OF MILLS  O DEATH BUT NOT RELATED TO THE TE  CH OPERATION WAS PERFORMED	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  YES NO YES YES	IDINGS USED SES OF DEATH?
9	CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, OR ASTA CONSECUTED TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONTRIBUTION	DUENCE OF MILLS  O DEATH BUT NOT RELATED TO THE TE  CH OPERATION WAS PERFORMED  211. HOW INJURY OCC	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  700. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED SES OF DEATH?
79		gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT.  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR	DUE TO, OR ASTA CONSECUTED TO THE CONDITION FOR WHI	OUENCE OF MILLS  O DEATH BUT NOT RELATED TO THE TE  CH OPERATION WAS PERFORMED  DAY YEAR  21c. HOW INJURY OCC	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  YES NO YES YES	IDINGS USED SES OF DEATH?
9		gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION FOR WHITE CONTRI	DUENCE OF MUCH.  O DEATH BUT NOT RELATED TO THE TE  CH OPERATION WAS PERFORMED  DAY YEAR  19  21t. LOCATION	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  YES NO YES URRED GENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART	DINGS USED SES OF DEATH? NO []
99	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (FETTHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE	CONDITIONS CONTRIBUTING TO THE ATH HOUR A.M. MONTH	DUENCE OF MUCH.  O DEATH BUT NOT RELATED TO THE TE  CH OPERATION WAS PERFORMED  DAY YEAR  19  21t. LOCATION	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  YES NO YES YES	DINGS USED SES OF DEATH' NO []
9		gove rise to immediate cause (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (FEITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONTRIBUTION OF THE C	DUENCE OF MUCH.  O DEATH BUT NOT RELATED TO THE TE  CH OPERATION WAS PERFORMED  DAY YEAR  19 211. HOW INJURY OCC.  STREET  214. LOCATION  STREET	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  YES NO YES URRED GENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART	IDINGS USED SES OF DEATH NO [] 2)
999		gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (IF ETHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a I certify that (I) (1his hesp	DUE TO, OR ASTA CONSECTION OF THE PLANT OF T	DUENCE OF MANAGEMENT OF THE TE TO TH	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  YES NO YES  URRED (ENTER NATURE OF INJURT IN ITEM 18, PART 1 OR PART  CITY OR TOWN  COUNTY  10 19 10 19	IDINGS USED SES OF DEATH NO  2)  STAT
99		gove rise to immediate cause (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a I certify that (I) (this hosp sow the deceased olive o obove, (I) (we) (did) (did)	DUE TO, OR ASTA CONSECTION OF THE PLANT OF T	DUENCE OF DUENCE	RMINAL DISEASE OR CONDITION GIVEN IN PART  20d AUTOPSY?  10b. IF YES, WERE FIN IN CERTIFYING CAU  YES NO YES URRED GENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART  CITY OR TOWN COUNTY  an death occurred an the date and hour and from	DINGS USED SES OF DEATH' NO  2)  STAT  , that (I) (we the causes state
99		gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT.  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER, NOTHEY MEDICAL EXAMINES  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a I certify that (I) (this hosp	DUE TO, OR ASTA CONSECTION, CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION	DUENCE OF DUENCE	RMINAL DISEASE OR CONDITION GIVEN IN PART  700 AUTOPSY?  YES NO YES   URRED (ENTER NATURE OF INJURT IN ITEM 18, PART 1 OR PART  CITY OR TOWN  COUNTY  an death occurred an the date and hour and from	IDINGS USED SES OF DEATH NO  2)  STAT
999		gove rise to immediate cause (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a I certify that (I) (this hosp sow the deceased olive o obove, (I) (we) (did) (did)	DUE TO, OR ASTA CONSECTION, CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION	DUENCE OF DUENCE	RMINAL DISEASE OR CONDITION GIVEN IN PART    70d AUTOPSY?   70h. IF YES, WERE FIN IN CERTIFYING CAU YES   NO   YES   TO PART    CITY OR TOWN   COUNTY   COUN	DINGS USED SES OF DEATH' NO  2)  STAT  , that (I) (we the causes state
79		gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT.  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER, NOTHEY MEDICAL EXAMINED WHILE AT WORK NOT WHILE AT WORK Sow the deceased alive o obave, (1) (we) (did) (did in 1715 SIGNIFICANT)	DUE TO, OR ASTA CONSECTION OF THE PROPERTY OF	DUENCE OF DUENCE	RMINAL DISEASE OR CONDITION GIVEN IN PART    780d AUTOPSY?   780b. IF YES, WERE FIN IN CERTIFYING CAU YES   VES	DINGS USED SES OF DEATH? NO   state  , that (I) (we the causes state
999		gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT.  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER, NOTHEY MEDICAL EXAMINED WHILE AT WORK NOT WHILE AT WORK Sow the deceased alive o obave, (1) (we) (did) (did in 1715 SIGNIFICANT)	DUE TO, OR ASTA CONSECTION, CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION	DUENCE OF DUENCE	RMINAL DISEASE OR CONDITION GIVEN IN PART    70d AUTOPSY?   70h. IF YES, WERE FIN IN CERTIFYING CAU YES   NO   YES   TO PART    CITY OR TOWN   COUNTY   COUN	DINGS USED SES OF DEATH? NO   state  , that (I) (we the causes state
999	MEDICAL	gove rise to immediate cause (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTHEY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (I) (this hosp sow the deceased alive o obave, (I) (we) (did) (did in the story).	DUE TO, OR AS A CONSECTION OF	DUENCE OF DUENCE	RMINAL DISEASE OR CONDITION GIVEN IN PART    700 AUTOPSY?   700 IF YES, WERE FIN IN CERTIFYING CAU   YES	DINGS USED SES OF DEATH? NO   STATE  , that (I) (we) the causes state.
79	MEDICAL	gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT.  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER, NOTHEY MEDICAL EXAMINED WHILE AT WORK NOT WHILE AT WORK Sow the deceased alive o obave, (1) (we) (did) (did in 1715 SIGNIFICANT)	DUE TO, OR AS A CONSECTION OF	DUENCE OF DUENCE	RMINAL DISEASE OR CONDITION GIVEN IN PART    700 AUTOPSY?   700 IF YES, WERE FIN IN CERTIFYING CAU   YES	STATE  , that (I) (we) the causes state  ATE SIGNED



	1. DE	FOR STATE REGISTRAR CEASED NAME	FIRST		DICAL EXAMIN			F DEATH		O. MONTH	DAY	ZEAR Zb. HOUR
0	3. SE)			DATE OF BIRTH	6. AGE (IN YE	ARS IF UND		24 HRS. 2c. D	ATE	12	DAY	YEAR 121 1915
1	7a. Bl	RTHPLACE (STATE OR PREIGN COUNTRY)  Mary lar	nd /	MONTH 15,	1957 23YEAT COUNTRY?	2	ED NEVER MARRII	9. BA	TIMORE CITY TAXXXXXX	OR COUN		гн
0	⊌SU.A	Parkville Rarkville AL RESIDENCE (IF IN M.	URSING HOME OR O	(IF NOT IN SUCH F. 8818 Ap	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)  t.B-2 Blari  TIVE RESIDENCE BEFORE ADMISSA	Wool	Ct.	Sales	CUPATION (TY WORKING LIFE) METC	d. (	en. F	DE BLISINESS
1	_	ary land	Balti	more	Rosedale			7 C Te	ment in	ne Ct	ι.	
	14. F.A	David		WIDDLE	Nash		Virgin	ia	WIDDLE		Zeh	
	16a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN)		ED FORCES?	218-68-8	1000	Virginia				lis, Rive	
21201 PRIOR IO BURIAL, CREMATION, OR REMOVAL.		Canditians, if gave rise to cause (a) stating lying cause last	immediate g the <u>under</u> -	(b) DUE TO, OF	R AS A CONSEQUENCE ( R AS A CONSEQUENCE (	OF.	OR CONDITION CIVEN IN PAR					
	Z	T AND 2 OTHER SIGNIFICAN					OR CONDITION GIVEN IN PAR	1 1 (0).				
	TIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH OPER			11(0).			20. AUTO	
	ICAL CERTIFICATION	190 DATE OF OPERA 210 EXTERNAL CAU UNDERLYING	OR CAUSE OF DE	21b. TIME O	FINJURDE TWEEN  ONONTH DAY YEAR  12/20/80	21c HO	AS PERFORMED?  WINJURY OCCURRED  Elf/inflict	) IENTER NATURE C	DF INJURY IN ITEM 11	8 PART 1 OR PA	YES	
	MEDICAL CERTIFICATION	196 DATE OF OPER.  216 EXTERNAL CAU UNDERLYING CONTRIBUTING  216 INJURY OCCUR	OR CAUSE OF DE RED	21b. TIME O	ITION FOR WHICH OPER	21c HO 36 21l LOC 88J	AS PERFORMED?  WINJURY OCCURRED  ELST / Inflict  ATION  REET Biarwood	) TENTER NATURE C	P TOWN		YES	
3	MEDICAL CERTIFICATION	190 DATE OF OPER, 210 EXTERNAL CAU UNDERLYING CONTRIBUTING 216 INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DE	21b. TIME O 21b. TIME O 21b. TIME O 21c. T	FINJURDE TWEEN  FINJURDE TWEEN  FINJURDE TWEEN  FINJURDE TWEEN  FINJURY  FINJURY  FINJURY  FARM, ETC.)  FOR FARM, ETC.)  Scribed above, held an	21c HO	AS PERFORMED?  WINJURY OCCURRED  ELST / Inflict  ATION  REET Biarwood	Ct. CITYO	R JOWN 2B ]		YES	NO .
3	MEDICAL CERTIFICATION	190 DATE OF OPER.  210 EXTERNAL CAU UNDERLYING CONTRIBUTING 1218 INJURY OCCUR WHILE NOT AT WORK AT W  220. I certify that death resulted from	OR CAUSE OF DE RED WHILE VORK	21b. TIME O	FINJURDE TWEEN  FINJURDE TWEEN  A. 12/20/60  OF INJURY (AT HOME, ITCRY, FARM, ETC.)  Scribed above, held an Accident , Su  B. Korell	Auton was 21c HO SE 21l LOC 88 J. Autops; icide . M. D.	AS PERFORMED?  WINJURY OCCURRED  EL TITLE (SPECIFY)  ASSISTA  ADDRESS 111	I Ct. Ar  Undetermined  TEMEDICALE  Penn S	RIOWN 2B 1  piry	Balto and in my o	YES	NO D
2	23a.B	210 EXTERNAL CAU  210 EXTERNAL CAU  210 EXTERNAL CAU  210 EXTERNAL CAU  2110 EXTERNAL CAU  2111 INJURY OCCUR  WHILE NOT  AT WORK AT W  220. I certify that  death resulted from	OR CAUSE OF DE RED WHILE VORK  I taak charge Natural	21b. TIME O	ITION FOR WHICH OPER  IF INJURY TWOME  A 12/20/60  OF INJURY (AT HOME.  ITORY, FARM, ETC.)  Scribed abave, held an  Accident, Su	21c HO  21c HO  21l LOC  881  Autops; icide , M.I	AS PERFORMED?  WINJURY OCCURRED  ELÉTINISTE  ATION  METERISTE  ASSISTA  ADDRESS 111  ECREMATORY  CONTROL OF THE CONTROL  ASSISTA  ADDRESS 111  ECREMATORY  CONTROL OF THE CONTROL  ASSISTA  ADDRESS 111  ECREMATORY  CONTROL OF THE CONTROL  ASSISTA  ADDRESS 111  CONTROL OF THE CONTROL  ADDRESS 111	D JENTER NATURE COLOR  Led  Ct. AI  Undetermined  TMEDICAL EX  Penn S	AMINER  treet  x  xandri	Balto DATE SIGNI	YES,  OUNTY  CO.,  pinian  ED. 12/	Md. STATE

.5.2.11 http://www.

Lavic H. Wash

Parkyllle

Siles Mercir. Gen. Front Co.

Maryland Biltimore Moserale x 7 Clementine Ct.

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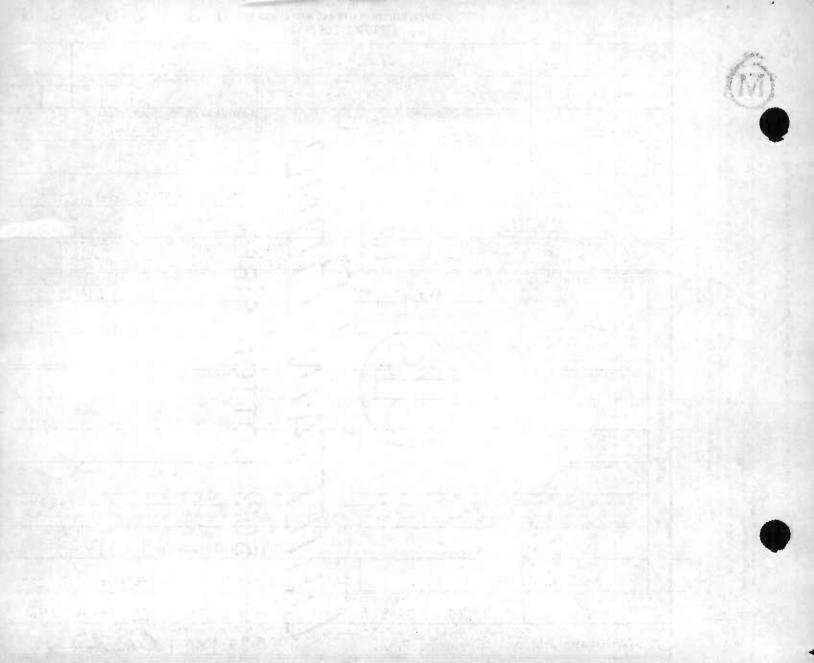
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Conspolis, Mr.

merere Virtisia Ermonston, 1156 River Sayle

Oremation 12/22/80 MetropolitanOremators lexandria, Virginia

Beall Fineral home 16000 Ann polis Pd., Bowle, Md.



26 HOUR 4:00 1980 IF UNDER I YEAR IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 12h. KIND OF BUSINESS OR INDUSTRY APT. T-26974 MILBROOK PARK DR. #21215 UNKNOWN HEBREW BURIARDERSSOCIAL SERVICE SOC. BALTO., MD 21208 APPROXIMATE INTERVAL mules 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | COUNTY STATE 22c. DATE SIGNED BALTO., MD STATE BALTO MD

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD.

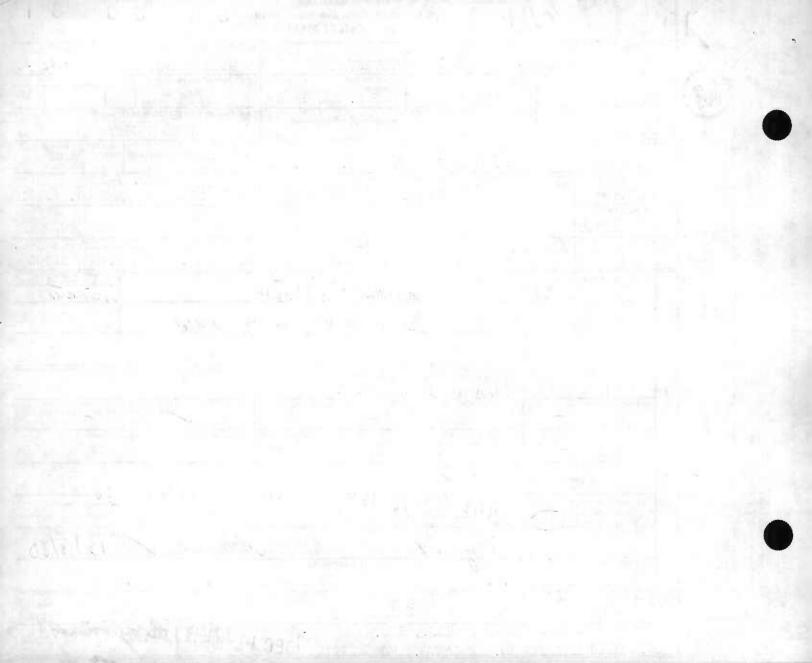
FOR

BALTO. MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25e. DATE REC'D. BY REGISTRAR 25



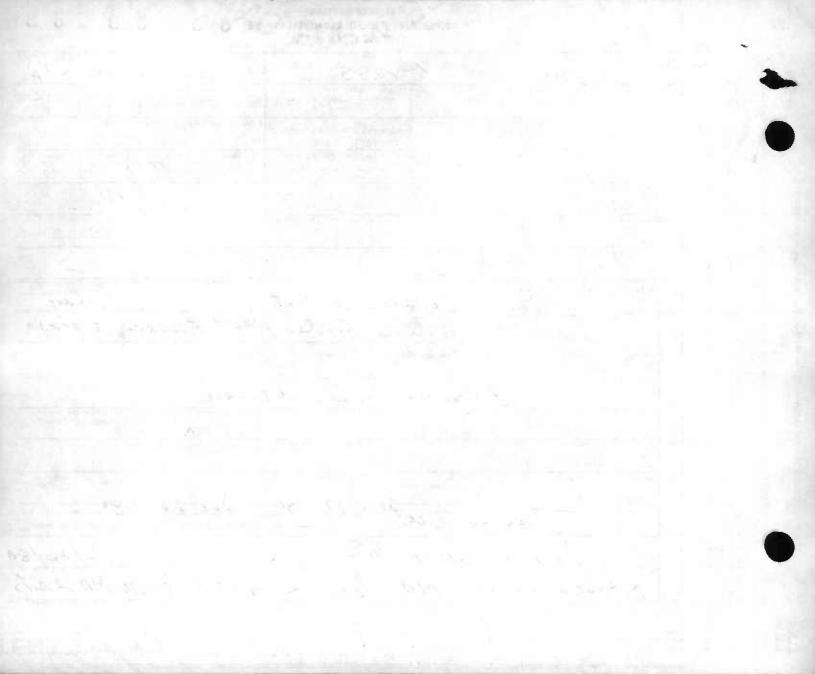
4		FOR STATE	DEPA	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH		3	0 5	8 2
100	3	REGISTRAR  1. DECEASED NAME FIRST	WIDDLE	LAS		REG. NO		YEAR	2b. HOUR
(1)41)	6	(TYPE OR PRINT) GLADYS	M	POWELL			C. 17. 1		4:45Am
V	di di	1. SEX	M.	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
A sque 4	once.	FEMALE	WHITE		9, 1892 YEAR	88	YRS.		HOURS MIN
E P	hour	Ja BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? I MARRIED	□ NEVER MARRIED □	BALTIMORE CITY O	R COUNTY OF	DEATH	
dea	2 \$55	KENTUCKY	USA	WIDOWED	DIVORCED XX	BALTIMO			MD.
or urs after by the fi	ed withi	TOWSON	PRESBYTERIAN			170. USUAL OCCUPATE (TYPE OF WORK FORMOST OF HOMEMAKER	ON [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	12b. KIND OF INDUSTRY	BUSINESS OR
in 24 ho	Id be	USUAL RESIDENCE (# NURSING DOME OF	NTY 13c CITY OR 1 BALTIM	(ADE	34. INSIDE CITY LIMITS?	13ª STREET ADDRESS 1701 EUTA	W PLACE		
YLA with	shous	14. FATHER'S NAME			S. MOTHER'S MAIDEN NA	WE			
MAR uted v	3 and 5	AUSTIN	W. MARTE	ENSTEIN	MARIE	WIDDLE		DUMONT	,
IMORE,	Pages 1 a	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		7 INFORMANT PRESBYTERIAN	HOME OF MD		TOWS O	N. MD CT.
BALT ficate ysicia	oval.	14 CAUSE OF DEATH (Enter or	nly ane cause per line for 1914	ond icui				BETWEEN OF	ATE INTERVAL
ST., certi	rem rem	PART I. DEATH WAS CAUSE	TE CAUSE (a)	Neumo	wit.	4-4-4		Do	75
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IDING PHY SICIAN: The law requires that the death centrending physician.  After this certificate has been signed by the attending p	sse remove carbon pa al, cremation, or rem /, or other traumatic	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	chiosele	entic CAR.	DIAVASCALA	m as	41	2
os, 20	en pleas to burial ( injury,	PART 2 OTHER SIGNIFICANT	1 00 -	- 1	1 30	INAL DISEASE OR CONI	DITION GIVEN	IN PART 1(a)	
V: The law	permit. Th	TO DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE			20e AUTOPSY?	70b. IF YES, W IN CERTIFYIN YES	G CAUSES C	
OF VITA /SICIAh hysician certifica	urial-transit perm Mental Hygiene d or Item 18 sho	OR COLUMNIC COLUMN	HOUR A.M. MONTH		214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
VISION C	th and Men	TO COMINIBULING CAUSE OF DEL	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		TII LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE
ATTEND Spital or att	Healt Healt	220.1 certify that (1) (this hosp saw the deceased alive an		19 <u>80</u> , and	that in (my) (our) apinion (	death accurred on the de			
PITAL S by the ho	should be detached for with the State Dept. of IMPORTANT: If Item	124 BHYSICIAN'S NAME INC.	SEPRINT) MICH	P	ATTENDING	MEDICAL STAI	IAN 🗆		1280
TO HOS etained TO FUN	should be de with the Stat	S.J. VL	= NABLE, J	R 4.0	7215 46Ru		MOM	, MI	) 4212
F 5 F	\$ ₹ ⊆	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	The state of the s		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STATE
140 BP_		BURIAL	DEC.20,1980	GLEN HAY	EN MEMORIAL				
	H-16 25M	24. FUNERAL DIRECTOR NAME MITTOUTELL LITE DE EL	ADDRES	S VODV DD	DEC	REC'D. BY REGISTRAR	fred to the	17000	they .
(VRA	15, 4) 1/79	MITCHELL-WIEDEF	TEN HOME 0300	TOKK KD.	DEC	1 6 9 1000		1 4	

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11201.	AND INVE					
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12-12-81			Garage	151	AND	
STED STED	101 - 101 -	1215 400				
	4.4	4, 1996 3		1,12,13	. 4/42	

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1	1	FOR - STATE REGISTRAR	DE	PARTMENT OF HEAL	MARYLAND TH AND MENTAL HYO TE OF DEATH	GIENE 8 0	30 5	8 4
		CEASED NAME FIRST	J,	Po Y	E T	DEC	MONTH DAY YEAR H 1980	2b. HOUR  5.30/A M
Page 4 History		SIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	NOV	2 1901	79	YRS. PROUNTY OF DEATH	
funeral of thin 72 h	5	ARYLAND ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N	MARRIED L.	DIVORCED [	BALT //	DORE CO	, MD OF 8USINESS OR
21201 nours ofter in by the be filed w	CI	ATONSUILLE  LAL RESIDENCE (IF NURSING HOME OR	698 BLITY OF	E BEFORE ADMISSION	RD.	HOUSEW	OF WORKING LIFE) INDUSTRY	
vithin 24 ho	[ ]3a	ARYLAND BAL ATHER'S NAME	TO:	R TOWN 13d.	INSIDE CITY LIMITS?  ES NO M  MOTHER'S MAIDEN NA		ESIDE K	?D,
ore, MARY  vecuted with  nd completel  ges 1 and 2 i		ANDREW WAS DECEASED EVER IN U.S. ARI		ELL C L SECURITY NO. 17.	HTHER!	NE ADDRI	GARD 920	<b>y</b>
ALTIMORE  te be executicion and coers. Pages of the medica	-	(YES, GIVE) (IF YES, GIVE)  18. CAUSE OF DEATH (Enter on	e war OR DATES) 212.0	19.86340 1	DOROTHY	MEYER	MASEFI	ELD RU EXIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours rattending physician and completely filled in by as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.	NOI	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ohy, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEOUENCE OF	enmin of B	AINAL DISEASE OR CON	Sarlages 2	<b>19.9</b> )
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V			200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
SION OF VITAL R PHYSICIAN: The it ending physicion. this certificate has the burial-transit per the Amental Hyanist don'then IB shows	MEDICAL CE	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	C. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
DIVISION DING PHY or attendir After this ie as the bu olth and M marked or	MEC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, I	OFFICE, FARM, ETC.)	STREET	CITY OR TO	9 COUNTY	STATE
OR ATTEN he hospital DIRECTOR: ached for us Dept. of He		220 I certify that (1) (this have sow the deceased alive on above (1) 1 (this like on the deceased alive on th	0 . 0		REE ATTENDING	, 10	ote and hour and from th	e couses stated  E SIGNED
TO HOSPITAL TO FUNERAL Should be deto with the State I		224. PHYSICIAN'S NAME ITTEO	EN Mckny	M.O. 12	1132 9 /x	Ellery Ro	! 2/23	28 _
BP	1	BURIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR	13/6/80	LOUDON	PARK	23d LØCATION BALTO TE REC'D. BY REGISTRAR	COUNTY	My
DHMH-16 30M 2/80 (VRA 15, 4)	n	EBER FUNERA	L HOME ED	MENDS DIV	AVE, DI	EC 8 1980	this pay to	alredy

- 1	1.	FOR STATE REGISTRAR		DEPARTA	NENT OF	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 0	3	0 5	8 5
1		CEASED NAME FIRST		MIDDLE	7	AST	20. DATE OF DEATH	MONTH D.	AY YEAR 26.	HOUR
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age 4 ma	3 SE	MALE D	RACE WH	ITE		AY 21°, 1907	6 AGÉ (IN YEARS LAST BIRT			UNDER 24 HRS
g		RTHPLACE ISTATE OR FOREIGN OUNTRY) NEW YORK	USA	WHAT COUNTRY?	MARRIE WIDOW	D XX XEVER MARRIED DIONORCED	BALTIMORE CITY O	AORE C		MD.
by the fact within st be no	10 C	BALTIMORE	AF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET H CONVALES	ADDRESS]	CENTER	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI)	F WORKING LIFE		HOME
y filled in ould be fill	USU 13a	AL RESIDENCE (IF NURSING HOMEOR STATE 134 GOUN'	OTHER INSTITUTION TY	13c CITY OR TOWN BALTIMO	N	134. INSIDE CITY LIMITS?	13a STREET ADDRESS 2500 W. I	AP' BELVED	T. 1005 ERE AVE.	#2121
mpletel nd 2 sh	14 F/	THER'S NAME FIRST M  ROBERT	DDLE	PRESS		15 MOTHER'S MAIDEN NA.	MIDDLE		BERK	OFF
ficate be exec	16a \	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES)	214-30-		17 INFORMANT MR 7504 JERVIS	. HARVEY PRI			
v requires that the death cerr in signed by the attending ph hen please remove carbon pa t to burial, cremation, or rem ny injury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	(c)_	OR AS A CONSEQUE	NCE OF					esto
SIAN: The law cian.  filicate has bee nsit permit. Thygiene prior n 18 shows a	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDINGS	USED DEATH?
HYSICIAN physician. Is certificat ial-transit for fental Hygi or Item 18		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	Р.	.M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED JENTER NATURE OF INJUI	LY IN ITEM TB, PA	RT I OR PART 2)	
DING PA ttending After th s the bur th and N marked	MEDICAL	216. INJURY OCCURRED  WHILE ONOT WHILE OAT WORK	218 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC I	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
ATTEN pital or a RECTOR: for use a for use a for use a for use a		22a I certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did) hat	ac,	26 1904	£	nd that in (my) (out) opinion	death occurred on the de	ate and hour	and from the cou-	
PITAL OH by the host ERAL DIR e detached State Dept		276. SIGNATURE		Lun	, 7,	ATTENDING PHYSICIAN	MEDICAL STAI		121. DATE SIG	26/80
TO HOSPITAL retained by the TO FUNERAL should be detac with the State IMPORTANT:		274 PHYSICIAN'S NAME (TYPE OR MANUEL	LEVI	N M.	0.	601 PK1	4675 AUE	BALI	OMO.	2 RTS
BP	'	BURIAL, CREMATION, REMOVAL SPECKY) BURIAL	236. DATE 12/28,			FRIENDSHIP	23d LOCATION CITY OF TOWN BALTIMOR	RE	COUNTY MARY LAN	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	NAME SOL		ON & ADBROS BALTO.		21215 PA	C 31 1980	25b. 85.05TB	and Signature	ody



Miller Inc-6415 Belair Rd. -21206

STATE

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

80

22c. DATE SIGNED

Dec. 17,1980

IF UNDER I YEAR

INDUSTRY

8:33a

IF UNDER 24 HRS

Calendary Comments - Sie . pm. 

21214

6009 Harford Rd., Balto., Md.

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	305	88
1 n= (0)		CEASED NAME FIRST OR PRINT)	WIODIE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
		Marior	n D.	Py1e	Dec. 16	, 1980	3:58a M
(TIM)	3. SE	×	4 RACE	5 DATE OF BIRTH  MONTH 38 /98  YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LYFAR MONTHS DAYS YRS.	HOURS MIN
36		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR		Baltimore CITY O	R COUNTY OF DEATH	MD
by the full filled with		OWSON	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR St. Joseph H	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b KIND	OF BUSINESS OR
rely filled in b 2 shauld be fill iner must be	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUI	R OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13(. CITY OR TO FAST P	FORE ADMISSION)  OWN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS	OVEH S	7
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icion and c	()		2 14 74	-5949 DOROTHY		33TERK	PACE  XIMATE INTERVAL  ONSET AND DEATH
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to DIRECTOR: tached for us e Dept; of Hee			Dec. 16.	DEGREE  ATTENDING	death occurred on the do	ote and hour and from the	that * (we) last e couses stated
ro Hospital etoined by 1 TO FUNERAL should be de with the Stati		22d. PHYSICIAN'S NAME ITYPE O	HILADIMO	22e ADDRESS 7600 0		. Towson	
BP	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	12/19/80 E	3. NAME OF CEMETERY OR CREMATORY  5APPENS OF FAIL		O, MD	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FI	UNERAL DIRECTOR	ADDRESS	250. DA	DEC 1 REGISTRAR	256. REGISTRAR'S SIGNA	TURE

3	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE & O	3	0 5	8 9
7 12.78		CEASED NAME FIRST OR PRINT)	WIDDLE	LA	ST	2a. DATE OF DEATH	MONTH DAY	YEAR 2	. HOUR
ay be age 3 death	,,,,,		Dorothy Helen	QUIC	CK	December	1, 1980	) 2	2:00 PM
may de	3 SE	<b>C</b>	4 RACE	5 DATE O		& AGE (IN YEARS LAST BIR	THDAY) IF U		FUNDER 24 HRS
· 通用制	46	Female	White	7	1 1913	6		HS DATS I	OURS MIN
destin. P	C	RTHPLACE (STATE OR FOREIGN DUNIRY) ennsylvania	U.S.A.	MARRIED WIDOWE	NEVER MARRIED	1 10 11 1		DEATH	MD.
by the fured within		OSSVILLE	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STREE Franklin Sq	ING HOME O	ROTHER INSTITUTION Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWIF	ION OF WORKING LIFE)	126. KIND OF E	SUSINESS OR
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9 0- 2 /	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO	17 INFORMANT	7515 SYST	frows :	Point	Blvd.
e be ey an and Pages t, the r	,	No		-2363	Charles M.	Quick B	alto.,	MD. 2	
ficate rsicia pers. ovent		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), o	and ICIV	A			APPROXIMA BETWEEN ON	SET AND DEATH
phy pap remo		PART I DEATH WAS CAUSE	ATE CAUSE (o) Cardiop	ulmonai	ry arrest				
quires that the death cern igned by the attending ph please remove carbon pa burial, cremation, or rem njury, or other traumatic		Candifians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO  (c) Carcino	tic car wence of ma of	rcinomatosis				
requires n signed hen pleas to buria iy injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(a)	
PHYSICIAN: The law in physician. this certificate has been urial-transit permit. The Mental Hygiene prior it of tem 18 shows any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	YES NO		ERE FINDING	
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JING PH tending I After thi the buri h and M marked o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	214 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ock ATTENUM hospital or at DIRECTOR: hed for use as Deti. of Healt If Item 21 is a		220 I certify that (M)(this hasp saw the deceased alive a above, (I) (we) (did) (due n	nital) attended the deceased fram  December 1  19  19  19  19  19	00	10er 5 19 80 d that in 🐗 (aur) apinion	, , , ,	- 17-	nd from the ca	
		226 SIGNATURE	'Khan.			MEDICAL STA	FF CIAN A	12/1,	
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TO HOSPITAL retained by the TO FUNERAL should be detac with the State [ IMPORTANT:	- 11	Mukhtar Kha	an		9000 Frank	lin Square D	r., 212	3/	
BP	(	Burial, Cremation, Removal Burial	12/4/1980 G	arden	emetery or crematory of Faith	Baltimo			ryTand
DHMH-16 25M (VRA 15, 4) 1/79	24 FL	JNERAL DIRECTOR DUDA- 7922 Wise Av		, MD.	21222 DE	TE REC'D. BY REGISTRAR	256 REDISTRAN	y Survey	ody

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40	1-	FOR STATE				ENT OF HEA	F MARYLAND LTH AND MENT			3 1	0 5	90
1 1 4		REGISTRAR		ME		(AMINER	S CERTIFICAT	TE OF DEA	TH ,	REG. NO.		
5 × (M)	1, DE	CEASED NAME	MELVI	N	MIDDLE M.		RAJNISH		20. DATE KNO OF ES DEATH MA	11.		80 Zb. HOUR
RY, PLEA DIRECTO OUR BILL ON STEEL	3. SE	male	white	5. DATE OF BIRTH	YEAR 6.	AGE (IN YEARS I LAST BIRTHDAY) 63 YRS.			2c. DATE PRONOUNCED DEAD	MONT	TH DAY	YEAR 94 3405R
FOR YOUR PRESTORY	70. B	IRTHPLACE (ST DREIGN COUNTRY)	ATE OR		S A	Y? 8. M	ARRIED NEVER A		9. BALTIMORE Baltimo		JNTY OF DEAT	Н
DELAY IS NECESSARY, PLÉASE 31 OTHE FUNERAL DIRECTOR IN PAGE 5 FOR YOUR FILE DE FILED, WITHIN 72 HOTE SOS, 201 W, PRESTON ST	w	ESSOX 11 1 E	MARSH	EE SEOL	rd Riv	ING HOME, OR	OTHER INSTITUTION	FOR M	AL OCCUPATION AOST OF WORKING I	LIFE)	OR IND	OF BUSINESS OUSTRY
21201 AND 3 AND 3 AND 3 PETAIN RECOR	13a. S	TATE DENCE	13b. COUNT	ROTHER INSTITUTION, G	13c CITY O		13d. INSIDE CITY LIN	HTS? 13e STRE	EET ADDRESS	RD RIV	ER 51	R. RD
ORE, MD. DEATH. IF GES 1, 2, MM PM 3. I AND 2 SI		ATHER'S NAME FIRST AD	OLF	MIDDLE	AJ	NISH	15. MOTHER'S A	WAIDEN NAME	WIDDLE		UNK	
S AFTER DEAT GIVE PAGES ITH FORM P PAGES I ANI WISION OF W	160	WAS DECEASED LES, NO, OR UNKNO	DEVER IN U.S. ARA	WAR OR DATES)	16b. SOCIA 212	10 101		N RA	JNIS	DDRESS	AE	BOVE
201 W. PRESTON ST UTED WITHIN 24 HOI IN PROCL IN ITEM I EXAMINER ALONG RIAL - TRANSIT PERMI D MENTAL HYGIENE, ON, OR REMOVAL		Condition gave ris couse (a) lying cau	is, if any, which e ta immediate stating the under-se last.	(b) DUE TO, OR	AS A CONSE	QUENCE OF	sic cardio		r dis <b>ea</b>	se		IMATE INTERVAL ONSET AND DEATH
WITAL RECORDS, SHOULD BE EXECOND, PENDING, CHIEF MEDICAL, IT OF HEALTH AN BURLAL, CREMAIT	CERTIFICATION	19a DATE OF					N WAS PERFORMED				20 AUTO	
ATE WEN WEN	MEDICAL CERT	UNDERLYING CONTRIBUTIN	G CAUSE OF D	EATH P.N	A. MONTH D	AY YEAR 19	HOW INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN	FITEM 18 PART 1 OF		
DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU 21201 PROPARTY	MED	WHILE AT WORK	NOT WHILE C		OF INJURY TORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY	STATE
MEDICAL EXAMINER COUTE THE CERTIFICAL SE A SHOULD BE FO FUNERAL DIRECTOR FIRE DEATH, WITH THE TIMORE, MARYLAND	2	22a I certification of the second of the sec	llage	LE B	Accident	, Suicide	Hamicide TITLE (SPECII  M.D. ASSES	fy) tant <sub>MEDI</sub>	Inquiry Inquiry CAL EXAMINER	DA'	Te	20-80
Bb	(		RIAL 1		23c. NA	ME OF CEMETE	HILL D	23J. LO CITY O	CATION DRIOWN BUPL 71	Keepry!	in Cas	STATE
DHMH - 17 (VR A15 ME (5))	-	NAME DIRECT	CONNE	= Lh ADDRESS	30	o MI	7CE 256. [	DATE REC'D. BY		B. REGISTAR	SSIGNATURE	A SECTION AND A

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Mitchell-Wiedefeld Home, Inc.

FOR

- STATE

**DHMH-16 25M** 

(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Baltimore, Md.

REG. NO.

2h HOUR

IF UNDER 24 HRS

NO [

STATE

STATE

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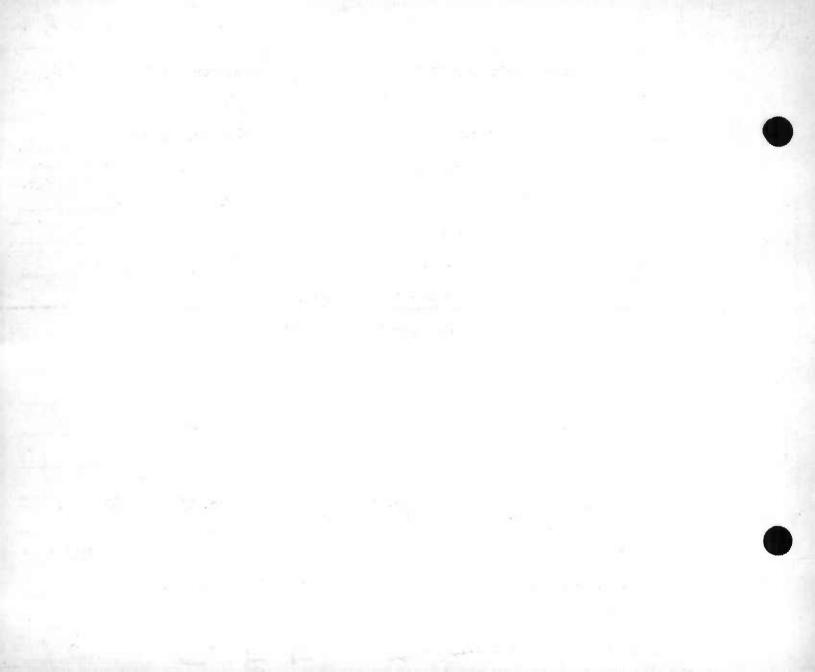
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO AA LOCK I 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR TYPE OR PRINTS HENRY H. REID 1980 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 28. 1912 Dec. Male Caucasian 9. BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY **BALTIMORE** COUNTY Texas USA WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON Machinist BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Kenvon Ave..21213 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Claude FIRST Reid Norsworthy Emma ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) 555-24-2067 Evelyn Reid, wife, same address APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) CARDIAC FAILLIRE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which TERMINAL CARCINOMA OF RETRO-MALAR TRIGONE gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I NO YES T Hygier 718 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21E LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT/ HERMINIO 230 BURIAL, CREMATION, REMOVAL 236. DATE 23s. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE Burial Gardens of Faith Baltimore Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 'M 3331 Brehms Lan DHMH-16 30M 2/80 (VRA 15, 4) Balto..Md.21213 Home.

STATE OF MARYLAND

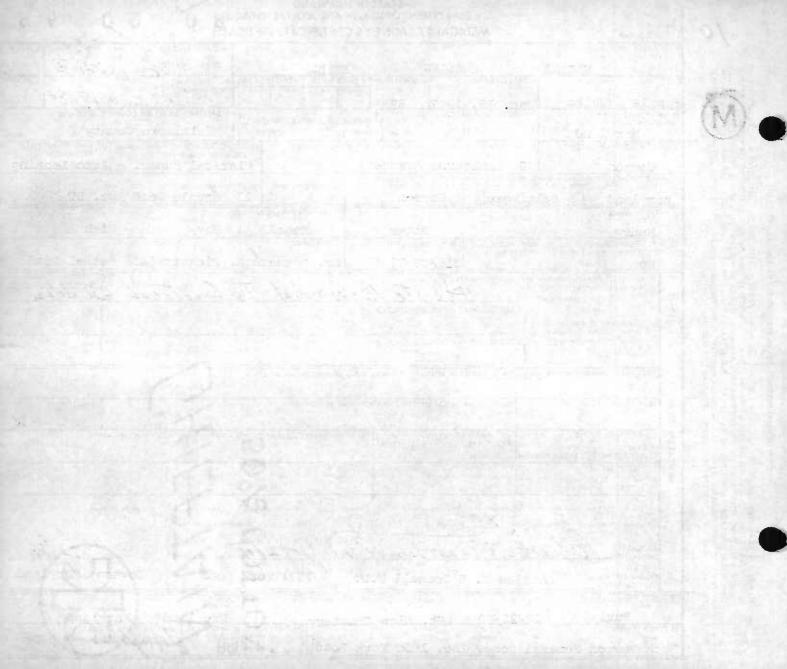
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



11		OR TATE				EALTH AND MENT		3 0	5 9	
L	R	EGISTRAR		MED		R'S CERTIFICAT	E OF DEATH	EG. NO.		
		EASED NAME OR PRINT)	FIRST		WIDDLE	LAST	20. DATE KNO		AY YEAR 25.	
			RTHA		ELLEN	RETER	DEATH MAT		1999	
3	SEX	4 RACE		DATE OF BIRTH	6. AGE (IN YEAR		DER 24 HRS. 2c. DATE	MONTH D.	DAY YEAR 2d.	
		ale Whit		Tan. 19,	1917 63YR		DEAD	ecembri	19,080	
70	FOR	THPLACE (STATE OR EIGH COUNTRY)	//	CITIZEN OF WH.		MARRIED NEVER M	ARRIED LT	CITY OR COUNTY O	OF DEATH	
10	CIT	Maryland Y OR TOWN OF DEAT						more Count	-	
10.	. CII	TOR TOWN OF DEAT	n	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	FOR MOST OF WORKING L	IFE)	OR INDUSTRY	
115	İΙΔΙ	Towson	ING HOME OR O		ourne Avenue RESIDENCE BEFORE ADMISSIO		Clerical S	uper. Au	ito Leas:	
130	a. ST	ATE 1	36 COUNTY		13c. CITY OR TOWN	134 INSIDE CITY LIM		100000		
	-	ryland	Bal	timore	Towson		⊠ 23 Dunvale	Road Apt.	BT	
1	. FA	HER'S NAME FIRST	A	AIDDLE	LAST	15. MOTHER'S M	MIDDLE		LAST	
16:	n \A/	Henry AS DECEASED EVER IN	JIIS ADAE	D EODCES3	Reter	Eth	-	DDRESS	:K	
100	(YES	, NO, OR UNKNOWN)	IF YES, GIVE WAI	R OR DATES)					whal n	
_		No			216+09-7166	Mr. Ken	neth E. Picket	t 3435 Bet		
		18 CAUSE OF DEATH PART I DEATH WA	(Enter only of S CAUSED B	ne couse per line f Y:	or (a) (b), and (c),)	No. 1. 1.	17/5	- \	APPROXIMATE INTE	
		11160	MMEDIATE		TOR	MAGENTAIS	-nfarel	1000	) Uddan	
		7/00	hiah	DUE TO, OR A	AS A CONSEQUENCE O	F				
Conditions, gove rise couse (o) st	gave rise to in	mmediate	(b)				ADDING ALL			
	- 1	lying couse last.	he <u>under</u> -	DUE TO, OR A	S A CONSEQUENCE O			EVE PER		
				(c)						
١,		PART 2 OTHER SIGNIFICANT (	ONOITIONS CON	TRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN	IN PART 1 (a).			
MOUTADISTA	2	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?								
1	2	170, DATE OF OPERAT	1014	198. CONDIT	ON FOR WHICH OPERA	HON WAS PERFORMED?		20. AUTOPSY?		
1 2	Ē	210 EXTERNAL CAUSE	WAS	21b. TIME OF	NUURV	Tal- How Industry occ	UDDGD COMPANY		YES L N	
		UNDERLYING OF	3	HOUR A.M.	MONTH DAY YEAR	TIC HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)		
1	~ L	CONTRIBUTING CA		21e. PLACE O	FINJURY (ATHOME.	21f. LOCATION				
1 2	ME		HILE _		RY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY		
	1	AT WORK AT WO					100			
		22a. I certify that I to	ook charge a	f the remains descri	ribed above, held on	Autopsy , Insp	ection Inquiry	, and in my opinio	on	
		death resulted from:	Notural	causes X	Accident , Suic	ide , Homicide	Undetermined monner			
		/	2,	2		STILE ISPECIA	W -		12/1	
1		ACTUAL SIGNATURE	Tree	Cotto	Worene	elson yes	MEDICAL EXAMINER	DATE SIGNED.	10/82	
						- Van			Man. 1 -	
-		EXAMINER'S NAME (TYPE OR PRINT)	Cha	rles F.	O'Donnell M	.D. 7501	York Road	Towson	Maryla	
23	a.BU	RIAL, CREMATION, REA	MOVAL 23b.	DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
	(SP	Burial	1:	2/22/80	Mt Zion	Cemetery.	Freelan			
24		NERAL DIRECTOR		ADDRESS	THE PARTY OF THE P	25a. D		WHEGISTRARS SIGN	ATURE	
F			unera		Inc. 1050 Y	ork Road	2 2 1980	of registron	may .	



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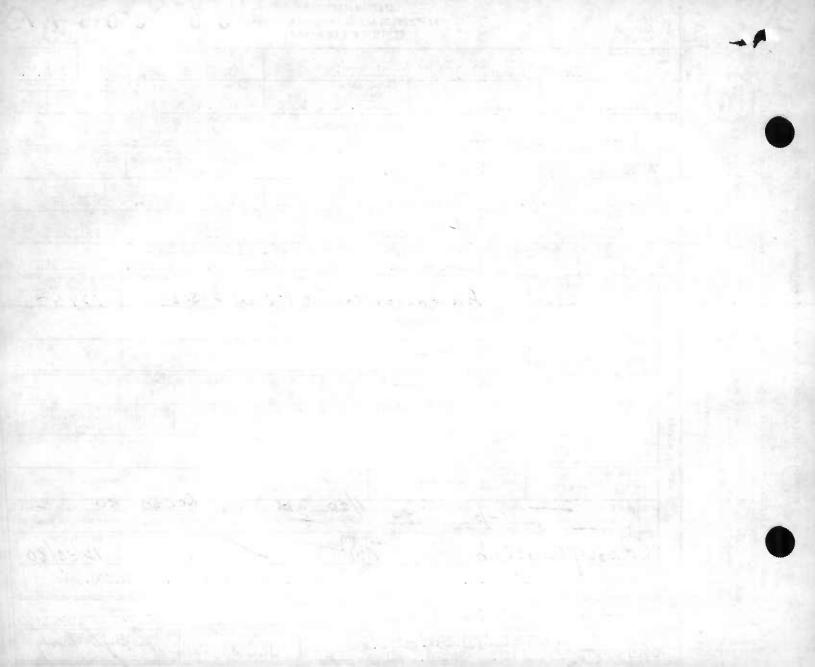
FEMALE  IMPLACE STATE OR FOREIGN  POLAND  Y OR TOWN OF DEATH  ALTIMORE  RESIDENCE (IF NURSING HO ATE  RYLAND  BHER'S NAME FRIST YISROEL  AS DECEASED EVER IN U.S.	DIE (SHAINDEL)  4 RACE WHITE  WHITE  16 CITIZEN OF WHAT CO USA  11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, 4741 E  HOME OR OTHER INSTITUTION, GIVE RESID COUNTY BALTO.  MODLE	RE.  S DATE C  MONTH  D  OUNTRY?  MARRIE  WIDOWE  LL, NURSING HOME C  GOVE STREET ADDRESS   BYRON RD.	EC. 18, 1886  D NEVER MARRIED DE AVEC DE CONTROL DE CON	28 DATE OF DEATH M DECEMBER  6. AGE (IN YEARS LAST BIRTH) 94 9 BALTIMORE CITY OR BALTIM 128 USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF HOUSEWI	YRS  YRS  COUNTY O  ON  WORKING LIFE!	UNTY	2b. HOUR 5 A.M. FUNDER 24 HRS HOURS MIN	
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RYLAND B HER'S NAME FIRST YISROEL AS DECEASED EVER IN U.S.	BALTO. BA				.FE	INDUSTRY	F BUSINESS O HOME	
YISROEL AS DECEASED EVER IN U.S	MIDDLE	(D) THORE	YES NO XX	134. STREET ADDRESS 4741 BYRO	N RD.	#21	.208	
	LEIB	TURSHINSK		ETTA		PÅK	HAUZ	
NO	YES GIVE WAR OR DATES)	-54-2822	17 INFORMANT MR. 4003 LABYRI		NICK BALTO.	-	21215	
underlying couse los			NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN	IN PART 1(o	1	
0 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
Ig. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	E OF DEATH HOUR A.M. MO	ONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART	I OR PART 2		
MHILE NOT WHILE LT WORK	21r. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	7	COUNTY	STATE	
20.1 certify that (I) (this	live on	oth. 19 79, or	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	DING STAFF CIAN DIRECTOR PHYSICIAN 120. DATE SIGNED				
T WOR	certify that (I) (this we the deceased of bove, (I) (we) (did ) (GNATURE	IN NOT WHITE CONTROL OF THE CONTROL	certify that (I) (this hospitalt attended the deceased from the deceased olive on the deceased from the de	is a most write a	is NOT WHITE CONTROLL	The strict of th	The strict of th	

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR SOL LEVINSO 6010 REISTERSTOWN RD SOL LEVINSON & BROS., INC. BALTO

21215 MD

MARYLAND DEC 31 1980



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should be detached for use as the burial-transit permit. Then please remove carban page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal After this certificate has been

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

Ruck Towson Funeral Home, In 100 York Road

- STATE REGISTRAR			DEPART		ICATE OF	DEATH		REG. NO.	J	0 3	, 0
1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DE	ATH MC	NTH I	DAY YEAR	2b. HOUR
1	Albert E.				nards	Sr.	Dec.		17.	1980	10:15a
3. SEX		I. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS	LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		Whi	te	Apr	. 15, DAY	1890 TEAR	90		YRS.	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE COUNTRY)  Marylan		b CITIZEN OF	WHAT COUNTRY?	OUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMO							MD
Towson	DEATH		Joseph Tho			STITUTION	12a USUAL OCC (TYPE OF WORK FOR Laund	CUPATION MOST OF W	ORKING LIF	12b. KIND O	F BUSINESS OR
USUAL RESIDENCE (# N 130. STATE Maryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Luthers	N		CITY LIMITS?	302 Qua	RESS aker	Ridg	e Road	
14. FATHER'S NAME	A.	NDDLE	LAST		15. MOTHE	R'S MAIDEN NAM		IDDLE		1.00	,
William			hards		G	eorgeann		DULE		Ge	rman
160 WAS DECEASED EV		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORA	MANT		ADDRESS			
No	(IF YES, GIVE	WAR OR DATES	216-03-0	6961	Mrs.	Irene H	loffman	same	as	# 13	
18 CAUSE OF DE	ATH (Enter only	one cause per	line far (a), (b), an	d (c).)						APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
PART I. DE ATH	WAS CAUSED	BY:	Congestiv		rt for	lure					
Z	GNIFICANT CO	onditions co	R AS A CONSEQUE DINTRIBUTING TO D INFARCTION ITION FOR WHICH	DEATH BUT			NAL DISEASE OF	r? 2	Ob. IF YES	EN IN PART 1(c	GS USED
E .							728	0 🗌		S 🗌	NO 🗌
21a. ACCIDENT WAS UPON CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	CAUSE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW	INJURY OCCURRI	ED (ENTER NATURE	OF INJURY II	NITEM 18 P	ART 1 OR PART 2)	
MHILE NO	WHILE O	(AT HOME STE	REET, FACTORY, OFFICE, F		STRI	ET		TY OR TOWN		COUNTY	STATE
22a 1 certify that saw the dece above, & (we			4 - 0	Nov 30, a	,	19 80 (our) opinian d	, 10	c. I	,		that 🎉 (we) last causes stated
27h SIGNATURE	(10	1	2 4 5	,	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIA	N 🚡	22c. DATE	SIGNED
Reynald	oortue	la-Gom				York Ro			d. 2	1204	
230. BURIAL, CREMATION (SPECIFY)  Buri		12/20				Cemetery	23d. LOCATIO CITY OR TO Balt		e Mai	yland	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

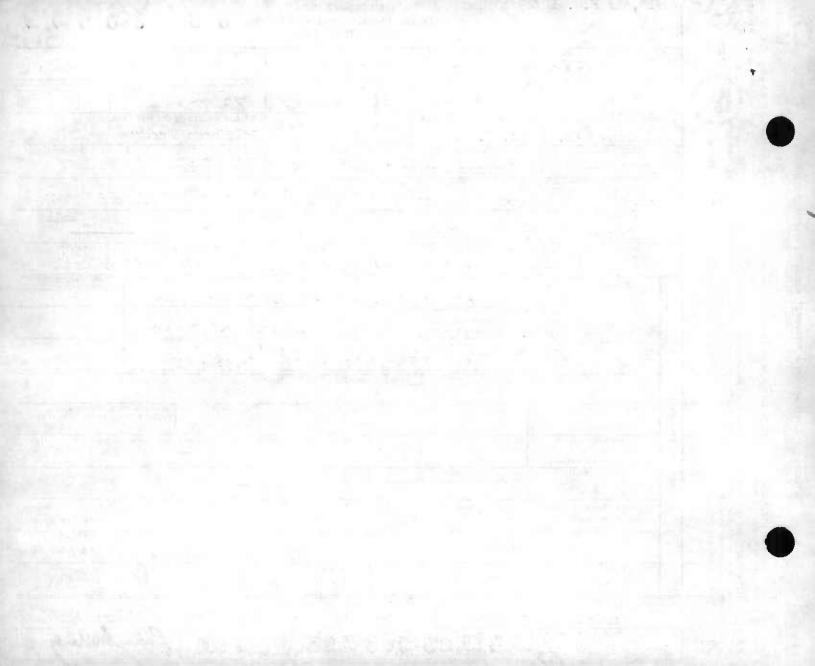
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TO FUNERAL DIRECTOR:

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#15.per F.H. 12/29/80 kam

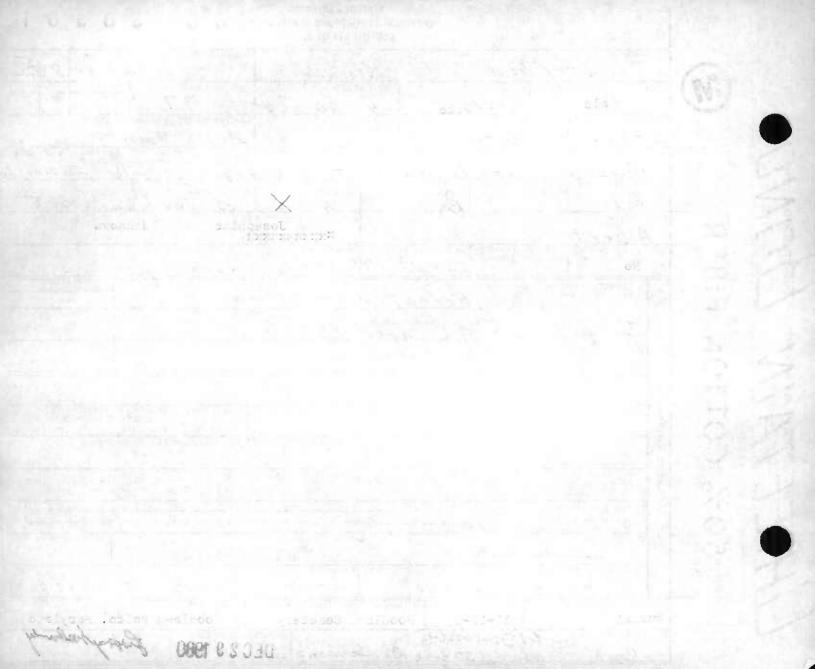


1	REGISTRAR				CERTIF	ICATE OF DEAT	H	RE	G. NO.		
	I. DECEASED NAME (TYPE OR PRINT)	MARY	D	DDLE	F	RIGBY		DE CEMBE		980	1:30A
)	3 SEX Female		4 RACE White	e	SOATE O	18, 189		88 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
18. E.	Maryland	E OR FOREIGN	76 CITIZEN OF W		TRY? 8 MARRIE WIDOW!	D NEVER MARRIE	ED 📙	BALTIMORE CI	TY OR COUN	TY OF DEATH	
Notified &	10. CITY OR TOWN OF		C M TO MATUCH			OR OTHER INSTITUTION	ON	12a USUAL OCCU (TYPE OF WORK FOR M	OST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OF
og sa pe	USUAL RESIDENCE (IF 130 STATE  Maryland	13b. COUN	OTHER INSTITUTION, G	IVE RESIDENCE 13c CITY OR Town	TOWN	13d. INSIDE CITY LIA YES \( \) NO \( \)	- 1	13e. STREET ADDR	ESS	es Valle	
Seamine 3	14. FATHER'S NAME FIRST Robe:		MIDDLE	Hunge	erford	15. MOTHER'S MAID FIRST Mary	DEN NAM	E	PLE .	Diffend	ST
e medico	160 WAS DECEASED E (YES, NO OR UNKNOWN NO		WAR OR DATES)		SECURITY NO. 0-6611	Mr. Elme	r C.		ame as		(IMATE INTERVAL ONSET AND DEATH
ony injury, or other tr		toting the puse lost.	(c)ONDITIONS <u>CO</u>	NTRIBUTING		NOT RELATED TO TH		NAL DISEASE OR (	20b. IF 1	YES, WERE FINDI	NGS USED
m 18 shaws	19a DATE OF OPI		21b TIME OF HOUR A.M		DAY YEAR	21c. HOW INJURY (	OCCURRE	YES NO	V	TIFYING CAUSES YES [] 8 PART 1 OR PART 2)	NO [
rked or Item	(IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M 21e. PLACE O	F INJURY	FFICE, FARM, ETC.)	211 LOCATION STREET		Сітү	OR TOWN	COUNTY	STATE
n 21 is ma	22a. I certify that saw the dec abave, ( <b>X</b> (w	t (N) (this hospite eased alive an e) (did) (Maxix	Dec.3,	deceased f		nd that in XmX) (aur) o	80 opinian de	_, ta		aur and fram the	
NT: # #en	226. SIGNATURE Ade	1 S. L		enna			DING CIAN []	MEDICAL DIRECTOR PH	STAFF IYSICIAN 🗷		3-80
With the State	22d PHYSICIAN' Adel S		ennawy, N	M.D.		St. Jose				2 son, Mar	1204 yland
<u> </u>	23a. BURIAL, CREMATION (SPECIFY) Buria	ON, REMOVAL 1	23b. DATE Dec. 5,	1980		EMETERY OR CREMA Valley C	em.		sville	Balto	
80	24 FUNERAL DIRECTO NAME RIICK TOWSO					IK Road	25a. DATE	REC'D. BY REGIST		IS AR'S SIGN	URE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1	1-	FOR STATE REGISTRAR			ICATE OF DEATH	GIENE 8 0	REG. NO.				
·(M)		CEASED NAME FIRST LUCIA	C.		IZZA	DECEMBER	10, 1980	26 HOUR 9:10PM			
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OR ATTORNEY DOWNECT OCHOR for Dept. a		Obove, N (we) (did) (did)	Shilad	1 mm	DEGREE	MEDICAL STAFF DIRECTOR   PHYSICIAL	22c. DAT	E SIGNED -11-80 21202			
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DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR		ADDRESS		TE REC'D BY REGISTRAR 256		Bring			

STATE OF MAKTLAND

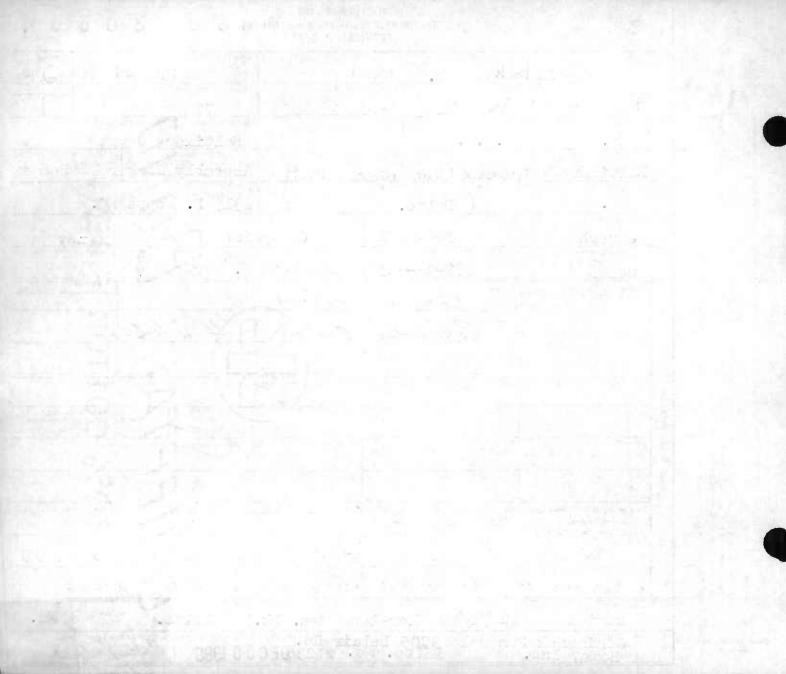
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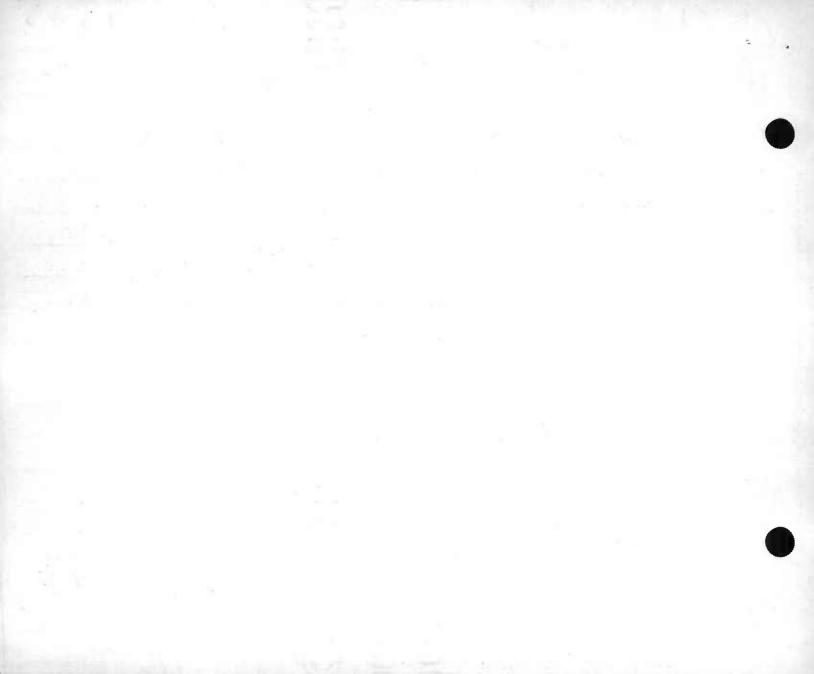
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	500					OF MARYLAND			701	0 4
1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH		,	SUC	, 0 4
1. DF	CEASED NAME	FIRST	A	AIDDLE		AST	20. DATE OF DE	EG. NO.	DAY YEAR	2b HOUR
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3 SE	х		RACE	D.	5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEA	CSC I MI
	temale		WH	rite	Apr	il 16 1903	77	YR		HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE	ITY OR COU	NTY OF DEATH	
	Md.		U.S.		WIDOWE		Balti	more_	County	MD.
10. C	ITY OR TOWN OF DEA	77.00		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a. USUAL OCC			OF BUSINESS OR
	Baltimor	e I	MANIO	Q ( 'Bro.	- Dn-	5. N.H.	Assemo	TA Mo:	rker	Bendix
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14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA				
	Joseph	M	IDDLE	Posko	cil	Josep	hine "	DDLE	Cir	nev
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		ddress
- (	res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	579-12-	3158	Elizabeth	H. Wor	teck	(dghtr)	)
	PART I. DEATH W.  Conditions, if ony, gove rise to imm cause (al, storm, underlying cause	AS CAUSED IMMEDIATE which rediate	DUE TO, OI	ASA CONSEQUE	NCE OF	of colon	with,	meter		MONSEI INTERVAL NONSEI AND DEATH
NO	PART 2. OTHER SIGN	IIFICANT CO	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF	CONDITION	GIVEN IN PART	l(a)
CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY	? 20b. IF	YES, WERE FIND RTIFYING CAUSE YES	DINGS USED ES OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18, PART I OR PART 2)	
MEDICAL	21d. IN JURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED	21a. PLACE			211. LOCATION STREET	Cr	TY OR TOWN	COUNTY	STATE
	22a. I certify that (I) sow the deceos above, (I) (va.) H  22d. PHYSICIAN'S NA	this bospite ve on _ did not)	view the bady	after death.	an, an	d that in (my) (over) opinion DEGREE ATTENDING PHYSICIAN (over) 22e ADDRESS G SU   B over	MEDICAL DIRECTOR DI	STAFF PHYSICIAN []	22c. DAT	27-80
111-	BURIAL, CREMATION, I SPECIFY) Buria]			0/80 M		emetery or crematory and Mem. Pk		Ito.	COUNTY	Md^™
24 F	weral pirector MANOCHIMI Home,	inek Inc	Funera	al 970 Balt	5 Bel	air Rd. 250. DA d. 2123 DE	TE REC'D. BY REGIS	STRAR 25b. REC	GISTRAR'S SIGNA	ATURE Ready

DHMH-16 30M 2/80 (VRA 15, 4)

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BALTO., MD

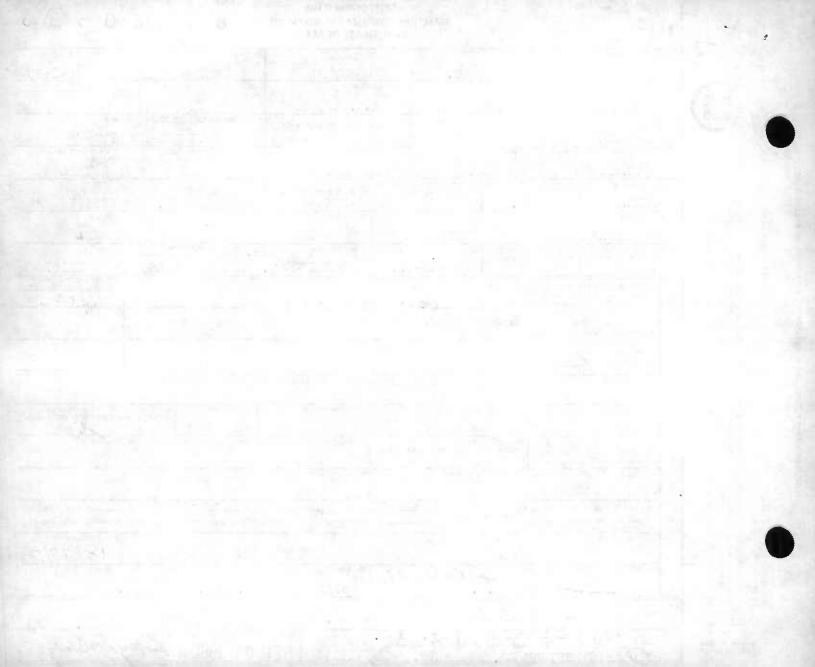
6010 REISTERSTOWN RD

21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



medical

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FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3	0 6	0 7		
1. DECEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		Y YEAR	2b. HOUR		
	Kather	ine	I.	Royst	on	Dec. 5	, 1980		4:35 a		
3. SEX FEMALE	4.	RACE WHITE		SEPT		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS		
70. BIRTHPLACE (STA		CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore County of DEATH Baltimore County					
Towson		Stor in sy	ਰੇਵਿਸਾ ਜਿ <b>ੱ</b> ਚਵੈਹ	pital	DR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C COMPANION			ONAL		
USUAL RESIDENCE (# 130. STATE  MD.	13b COUNT BALT	Υ	13c. CITY OR TOW TOWSON		134 INSIDE CITY LIMITS? YES NO 🛣	136. STREET ADDRESS 186 STAN	MORE RI	212	12		
14. FATHER'S NAME FIRST HENRY	MI	DDLE	EICHOLTZ		15. MOTHER'S MAIDEN NAME FIRST EVA	WIDDIE		ŒIKRAI			
160 WAS DECEASED E (YES, NO OR UNKNOWN NO		ED FORCES? WAR OR DATES)		9-34-0020A MRS. ADELAIDE R. BENSON 186 STANMORE I							
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PART 2. OTHER  19a DATE OF OP  21a. ACCIDENT WA					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. 1F YES,	WERE FINDIN			
00 00 - 10 - 10 - 10 - 10 - 10 - 10 - 1	S UNDERLYING CAUSE OF DEATH		OF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	- 24m2.5			П		
OF CONTRIBUTING		21e. PLACE	OF INJURY	ARM ETC }	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		

STREET

CITY OR TOWN

and that in (Ky) (our) opinion death occurred on the date and hour and from the causes stated

STATE

SIZIAN'S NAME (TYPE OR PRINT)

NOT WHILE

ames Kleeman, M.D. 23b. DATE

22a.1 certify that (K(this haspital) attended the deceased from

ATTENDING PHYSICIAN

Dec.

22e ADDRESS

7600 Osler Dr. Suite 311, Towson, Md. 21204

MEDICAL STAFF
DIRECTOR PHYSICIAN

12.5.80

230 TUBIAL, CREMATION, REMOVAL

DEC. 8,1980

1980

DEGREE

23d LOCATION
CITY OF TOWN
GLENCOE 23c. NAME OF CEMETERY OR CREMATORY

IMMANUEL CHURCH CEM

24 FUNERAL DIRECTOR

ADDRESS MITCHELL-WIEDEFELD HOME 6500 YORK RD

BALTIMORE MD.

DHMH-16 30M 2/80 (VRA 15, 4)

ATTEMPT OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY.  13sept but 27, 1000 12:400 THE PUNCTULE. \_ fin december if Heaney Ivania Falto. Co. Armacost Nursing Home Mr. Foo. Cloming Wavine beautinou Tass entiles and reve Liwi run is WW IF 088 07 8785 Mrs. Marian F. Samuel Suns

Harry Kinshot C. D. See N. Smadows , Bulto., Md. 21205

Chemation 11 - 2/80 Punch on National Honolulu, Hawaii
Flancy W. Jankins & Sons Co.

1905 York Road Falto., Wd. 21212

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	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 0	3 NO.	0 6	1 (
		CEASED NAME	FIRST		MIDDLE	DII	LAST	20. DATE OF DEATH			26. HOUR
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	3 SE	FEMALE		4 RACE WHITE		MAY	OF BIRTH  4 9 1907	6. AGE JIN YEARS LAST BI	BALTIMORE CITY OR COUNTY OF DEAT  BALTIMORE COUNTY  BUSUAL OCCUPATION  THE WORLD WORKING LIFE INDUS  HOMEMAKER  BUSINEET ADDRESS  BOTB NORTH CHARLES S		# UNDER 24 HI HOURS MI
35	C	RTHPLACE (STATE OR FI DUNTRY) ARYLAND	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRI	ED KNEVER MARRIED		OR COUNTY		
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36	USU/ 13a S	TATE  MD.	136 COU		GIVE RESIDENCE BEFORE 136 CITY OR TOW TOWSON		134. INSIDE CITY LIMITS?	307B NORTH	H CHARL	ES STRE	ET AVI
3		THER'S NAME PIRST DANIEL		MIDDLE W.	RAVER		15. MOTHER'S MAIDEN NA FIRST ESTHER	MIDDLE		LAST	
1		VAS DECEASED EVER ES, NO OR UNKNOWN! NO		RMED FORCES?	213-46-4		HARRY M. RUT				
		Canditions, if any gave rise to improve to static underlying cause	nediate ng the last	DUE TO, C	lan	un	IT NOT RELATED TO HE TERM	Blens	1	27	gu
2	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	DITION FOR WHICH		ON WAS PERFORMED	200 AUTOPSY? YES N	200 IF YES, IN CERTIFY YES	, WERE FINDING YING CAUSES C	
9	MEDICAL C	OR CONTRIBUTING (# EITHER, NOT#Y MEDIC 214 INJURY OCCUR	CAUSE OF DE	HOUR A		19		CITYON		COUNTY	STATE
		22a I certify that (I)	(this hosp	ital) attended the	195	12	nd that in (my) (acr) apinian	death accurred on the	' <b>&amp;</b> date and have	and from the co	
1		276 SIGNATURE 276 PHYSICIAN'S N	yex	July HENT)	2	h	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL ST.	AFF ICIAN 🗌	12/1	7/S
	23a E	BURIAL, CREMATION, SPECIFY)	<b>MEMOVA</b>				CEMETERY OR CREMATORY Y VALLEY MEM.	23d. LOCATION CITY OF TOWN		COUNTY LE BALTO	state MD.

DHMH-16 25M (VRA 15, 4) 1/79

MITCHELL-WIEDEFELD HOME 6500 YORK RD.21212

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

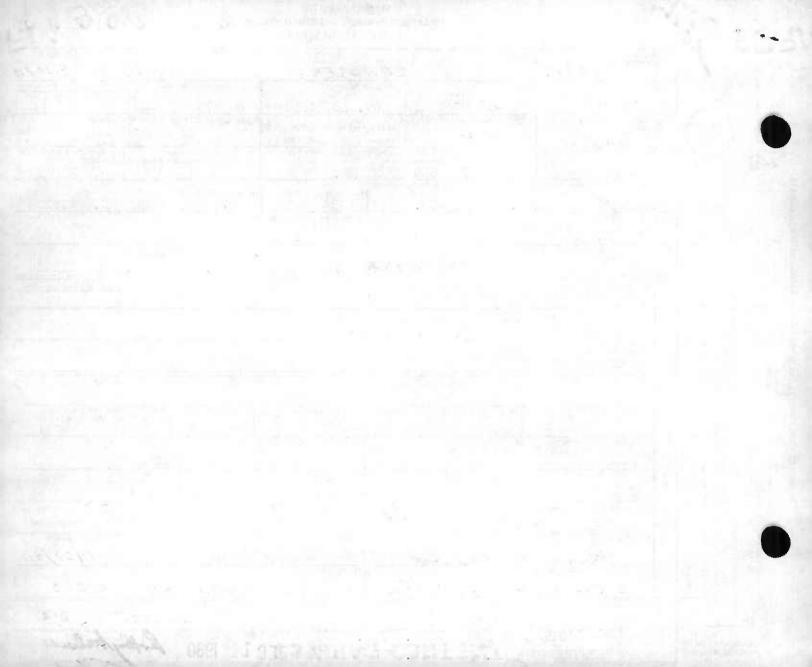
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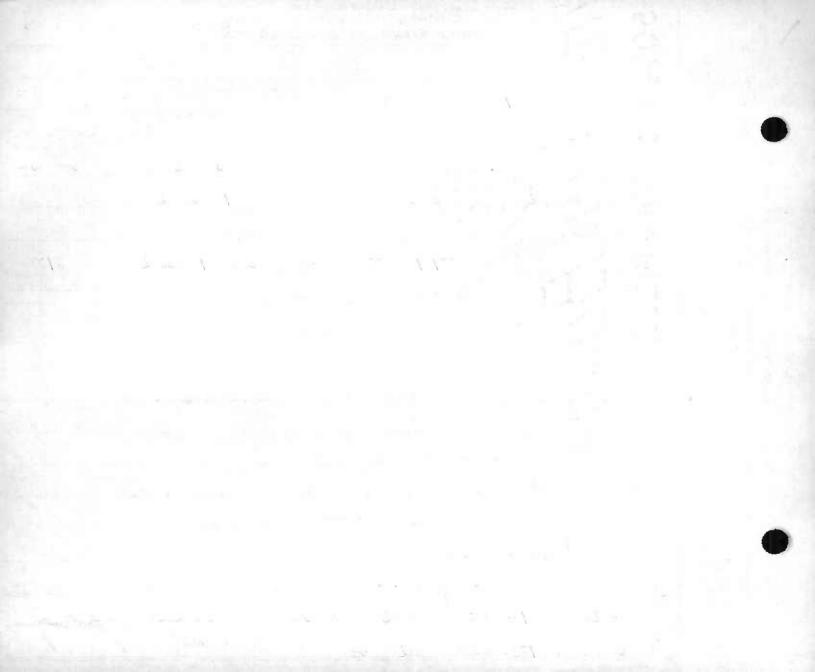
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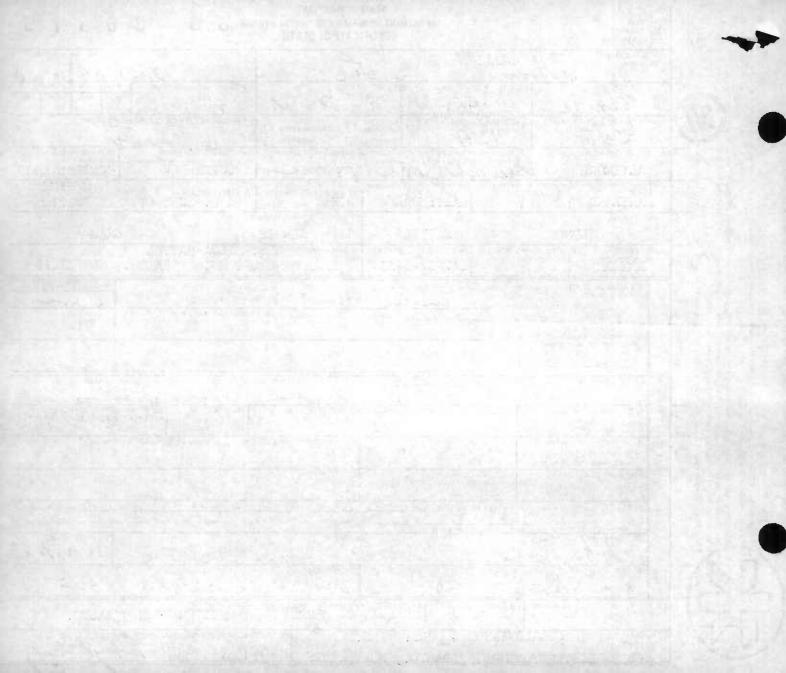
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13		1-	STATE REGISTRAR							CERTIFI		•		REG. I	NO.	0	, ,	4
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Q.	SH. 2. PM 3. VD 2 St	14. F.	ATHER'S NAME	1.4	MIDDLE					15. MOTH	ER'S MAID			AIDDLE	- 111			
	ASS Z Z DO	5	anuel W	lillis	WIDDLE			LAST		5	usan	Walla		AIDDLE		*	LAST	
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DIVISION OF VITAL RECORDS, 201 W.	CATE, WRITING THE WORD "FENDING" IN PENCIL IN TEM IN FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG OR, PAGE 33 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NO 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying cou	se last.		(c)	7.0 7. 00											
SO	SECU SECU SECU SECU SECU SECU SECU SECU		PART 2 OTHER SIG	GNIFICANT CONDITIONS			BUT NOT REL	ATED TO THE TE	RMINAL OISE	ASE OR CONDITIE	ON GIVEN IN PA	ART 1 (a).			-	U.		
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2	SED AL	CERTIFICATION	190. DATE OF	OPERATION	191	b. CONDIT	ION FOR	WHICH OP	ERATION	WAS PERFO	RMED?					20	AUTOPSY	(?
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	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR. PATER DEATH, WITH THE SIX BALTIMORE, MARYLAND 4		EXAMINER'S I	Vi) Vii	rginia	a L.	Dola:	n, M.D		_ADDRESS				1 Pen	n St	reet		
	EXE PAG TO BAL BAL	23e. B	SPECIFY)	ION, REMOVAL		-1. 10-	23€.	111		OR CREMAT		23d. LO	CATION	.,,	0	COUNTY	M	STATE
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	DHMH - 17	29.1	NAME		420 D	ADDRESS	,	c .	2	,	חו	EC2	6 1981	25b. RES	HINTYM	BERGN	TORE	
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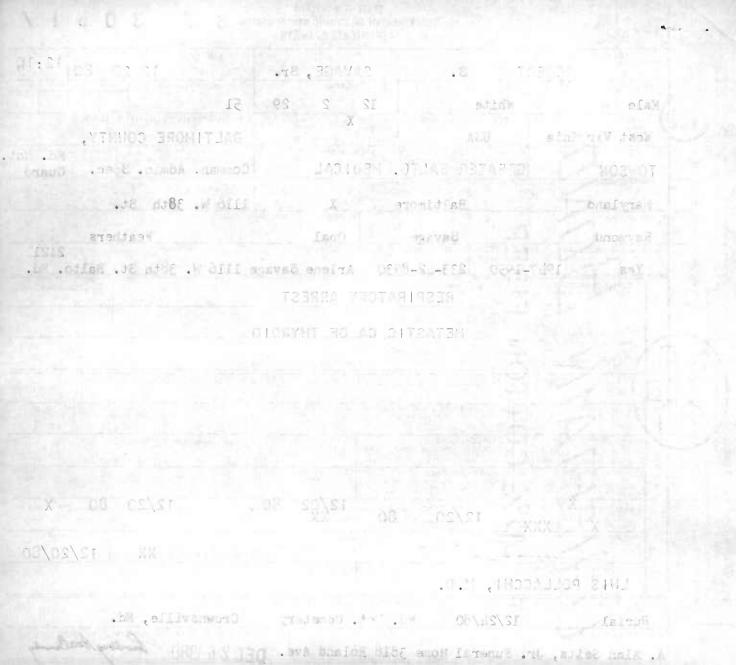


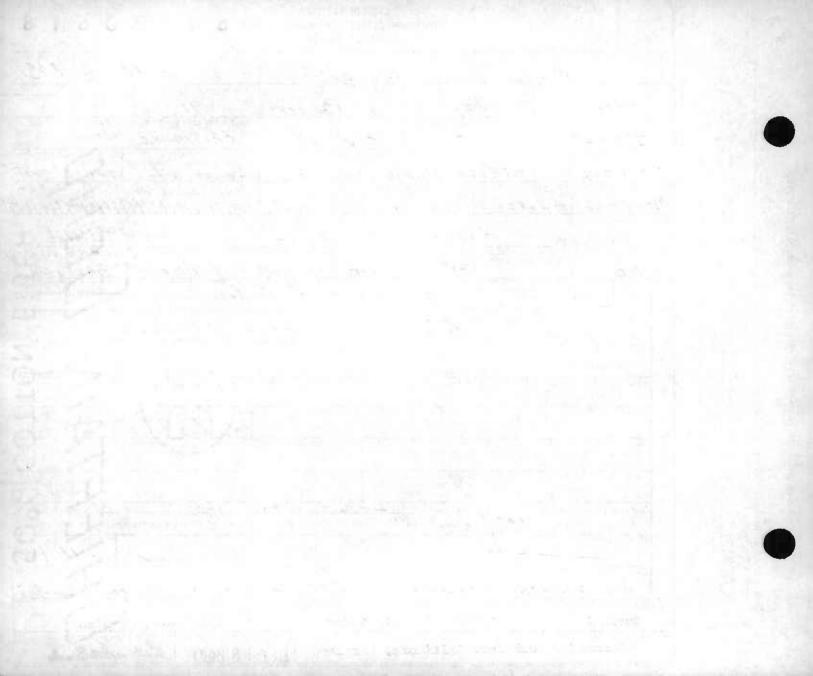
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1		FOR - STATE			TEALTH AND MENTAL HYG	TENE 8 0 3	0615
/		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
		DECEASED NAME FIRST	LILLIAN L	1	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e o e	-	1 du	lion	Day	lik	10/2	15/80 10:05 AM
12 3	3.	SEX A	4. RACE WHIT	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
E Mari	8	Temale	XXXXXXX	A	OS OS	72 YRS.	MONTHS DAYS HOURS MIN.
理理	7a	BIRTH LACE STATE OF FOREIGN		DUNTRY? 8	D NEVER MARRIED XX	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	-	Dute	U5A	WIDOWI		RALTO Caun	Ly MD
the full	10	CITY OR TOWN OF DEATH	NAME OF HOSPITAL		OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
led the	0	BALTIMORE	wish	DW!	Home	BOOKKEEPER	CENTRAL LOAN
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filled autid	5	MARYLAND	BAL	CIMORE	YES XX NO [	13e STREET ADDRESS 4 E. 32ND ST.	#21218
2 sh	14	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		SOLOMON	MIODLE	ATTEL	JENNIE	WIODIE	GRADMAN
ss l	160	WAS DECEASED EVER IN U.S	S. ARMED FORCES? 16b SOC	CIAL SECURITY NO.		. HILDA SATEEL	
Poge Poge	2	(YES, NO OR UNKNOWN) (IF YES	s, GIVE WAR OR DATES) 217-	-32-8453	3905 BANCR		., MD 21215
icio pers.	-	IR CALISE OF DEATH (For	er only one couse per line for (	n) /h) and (s))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic onpape emavol		PART I. DEATH WAS CA	AUSED BY:	Zenti	Heart F.	ailine	1 Less
00 0 5		1100 G IMME					
attendin nave corb ation, ar troumatic		Conditions, if ony, which	DUE TO, OR AS A C	ONSEQUENCE OF			
		gove rise to immediat	e )				
by the		underlying couse las		ONSEQUENCE OF			
pleo vriot		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 1/a:
Then to b njury	Z	2	That On	Luna	Som draw	Polon	21
prior ony i		190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	IN WAS PERFORMED	20a. AUTOPSY2 20V. IF YE	S, WERE FINDINGS USED
has per ene	7   \( \)					_ IN CERTI	FYING CAUSES OF DEATH?
ertificate iol-tronsit ntal Hygie em 18 sha	CEPTIFICATION	21a. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18.	
s certificate buriol-tronsi Mental Hygi ir Item 18 sh	60		N DEMIN	NTH DAY YEAR			
Me Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR	?Y	21f. LOCATION		
After th	3	WHILE NOT WHILE T	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
se os solth mar			naspital) attended the decease	ed from 10/3	1/80 19	10 12/45	19 F 0, that (1) (we) lost
or of Ho			e on 12/23 id not) view the body ofter dec		nd that in (my) (our) opinion	death occurred on the date and ha	
REC ped f ppt.		22b. SIGNATURE/	d not) view the body offer dec		DEGREE		22c. DATE SIGNED
toch e De		1 1.	I have	n	ATTENDING	MEDICAL STAFF	12/20/10
State		22d. PHYSICIAN'S NAME (1	YPE OR PRINT)		22e ADDRESS	DIRECTOR A PHYSICIAN	
should b				1		24 HEIGHTS	AUE
should be deto with the State I	200	A.A. SIL					770-
	23	BURIAL, CREMATION, REMC	12/26/80	BALTIM	IORE HEBREW	RETSTERSTOWN	COUBTALTO. STMD
-	24	FUNERAL DIRECTOR SO	of the second second second			E REC'D. BY REGISTRAR 25b. REGIS	
16 50M 7/77 A 15 (4))	-	1379746	L LEVINSON & J		A		A SIGNATURE
		6010 REISTER	STOWN RD BA	ALTO MD	21215	EC 31 1980 🥕	- Lingson



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Salara County			See Front
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	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYO  CERTIFICATE OF DEATH	GIENE 8 0 3	0617
		REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR 12:1
		ROBEI		SAVAGE, Sr.		20 00
85	1 SE		4. RACE White	5. DATE OF BIRTH  MONTH  12  2  YEAR  29	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
2.6	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1 3/	9. BALTIMORE CITY OR COUNT	Y OF DEATH
200	W	Vest Virginia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CO	
2	10. C	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS
56		OWSON	GREATER BALTO		Comman. Admin.	
35	13a. S	AL RESIDENCE (IF NURSING HOUSE STATE Aryland	TO THER INSTITUTION, GIVE RESIDENCE BEFORE INTY 134. CITY OR TOW Baltimor	'N 134 INSIDE CITY LIMITS?	136 STREET ADDRESS	
		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
\$0U		Raymond	Savage	Opal	Fea	thers
)		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	(VE WAR OR DATES)		ADDRESS	21211
he m			7-1950 233-42-8		e 1116 W. 38th S	
	1	PART (, DEATH WAS CAUS		RATORY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
2		1920 IMMEDIA	ATE CAUSE (8)			
other traumo		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	IC CA OF THYROL	D	
		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU			
jury, ar	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
ows only in	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
or Hem 18 sh		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
is mar		V	oital) attended the deceased from 12/20 19	12/02 19 80 80 and that in/(m/) (our) opinion	death occurred on the date and ha	
hem 2		obove, (X (we) (did) (X iX 22b. SIGNATURE	with the body person death.	DEGREE		22c. DATE SIGNED
<u>+</u>		4	1	ATTENDING PHYSICIAN (	MEDICAL STAFF	12/20/80
MPOKIAN /	1	22d. PHYSICIAN'S NAME ATTI		22e ADDRESS	MATA RELATED	
1		LUIS POLLA	CCHI, M.D.			
-		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	Crownsville,	COUNTY STATE
-	-	Burial UNERAL DIRECTOR	12/24/80 MG	l. Vet. Cemetery	TE REC'D. BY REGISTRAR 25b. REGIS	
10	A	NAME	ADDRESS Home	8818 Roland Ave.		infray Ma Bushy
	A.	ATAIL SETUE, 0.	L. Lanerar Home	OTO HOTAIR WAGE	1-1. 6. 0. 130UI	





FOREIGN COUNTRY)  Maryland  10. CITY OR TOWN OF DEATH  Woodlawn  3613  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION OF DEATH (IF NOT IN THE PREST MIDDLE FIRST MIDDLE (YES, NO, OR UNKNOWN)  14. FATHER'S NAME FIRST MIDDLE  HATTY  18. CAUSE OF DEATH (Enter only one cause (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause (PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O)  Conditions, if ony, which gove rise to immediate couse (o) storting the underlying couse lost.  (C)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	A DEFINITION OF WHAT COUNTRY?  A DEFINITION OF WHAT COUNTRY?  A DEFINITION OF STREET ADDRESS)  TELMAT ROAD  JUDION, GIVE RESIDENCE BEFORE ADMISS  13c. CITY OR TOWN  WOODLAWN  16b. SOCIAL SECURI  215-07-14  TO, OR AS A CONSEQUENCE	SCHAEFE  SCHAEFE  FEARS  IF UNDER 1 Y DAY) WONTHS  8. MARRIED WIDOWED  AE, OR OTHER INST  13d. INSI YES  15. MO  17. INFO 463B  Mr.	R  (R. IF UNDER 24 HRS. 5 HOURS MIN  NEVER MARRIED DIVORCED DI  ITUTION 12e. US  FOR  OF (ITY LIMITS? 13e. ST)  NOW  OTHER'S MAIDEN NAM  Caroline  ORMANT	20. DATE KNOW DOF ESTI- DEATH MATED DEATH MATED  21. DATE PRONOUNCED DEAD  9. BALTIMORE CITY OF WORKING LIFE) HOMEMAKET  REET ADDRESS  3613 Telman	MONTH DAY YE DEC. 25 1980 MONTH DAY YE TO 125
Female White Oct. 1  70. BIRTHPLACE (STATEOR PORE ON COUNTRY) Maryland  10. CITY OR TOWN OF DEATH Woodlawn  11. NAME OF STATE 13b. COUNTY Maryland  13b. COUNTY Maryland  14. FATHER'S NAME FRST Harry  16c. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO., OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:  19. CONDITIONS (DUE TO LOW)  19. CONDITIONS (O)  19. CONDITIONS (O)  19. CONDITIONS (O)  19. CONTRIBUTIONS (CONTRIBUTIONS (CONTRIBUTIONS TO LOW)	DAY YEAR  1, 1911 69 WHAT  OF WHAT COUNTRY?  A  OF HOSPITAL, NURSING HOM LSUCH FACILITY, GIVE STREET ADDRESS)  TEALMER ROAD  JITION, GIVE RESIDENCE BEFORE ADMISS  13c. CITY OR TOWN WOODLAWN  LAST  Bredshaw  S?  16b. SOCIAL SECURI  215-07-14  per line for (a), (b), and (c).)  A  TO, OR AS A CONSEQUENCE	MONTHS DAYS  WRS.  MARRIED WIDOWED AE, OR OTHER INST  134. INSI  YES [  15. MO  17. INFO  463B Mr.	NEVER MARRIED DIVORCED DIVORCED 120. US FOR STORM DE (ITY LIMITS? NOW DITHER'S MAIDEN NAME FIRST CATOLINE  CATOLINE ORMANT	PRONOUNCED DEAD  9. BALTIMORE CITY OF Baltimo  SUAL OCCUPATION (TYPE) TAMOST OF WORKING LIFE) HOMEMAKET  REET ADDRESS 3613 Telman  MIDDLE  ADDRESS	RCOUNTY OF DEATH OTB COUNTY  12 1719 S  RCOUNTY OF DEATH OTB COUNTY  12b. KIND OF OR INDI  T ROad  Sterling  13 Telmar f
Maryland  10. CITY OR TOWN OF DEATH  Woodlawn  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION OF STATE  Maryland  13b. COUNTY  Maryland  14. FATHER'S NAME  Harry  16d. WAS DECEASED EVER IN U.S. ARMED FORCES  (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO	DEFHOSPITAL, NURSING HOM LESUCH FACILITY, GIVE STREET ADDRESS) TEIMAR ROAD  JITION, GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TO WN WOODLAWN  LAST Bredshaw  16b. SOCIAL SECURI 215-07-14  per line for (a), (b), and (c).)  TO, OR AS A CONSEQUENCE	WIDOWED 134 INST	DIVORCED   120. US FOR IDE (ITY LIMITS?   130. STI   13	Baltimo SUAL OCCUPATION (TYPE: R MOST OF WORKING LIFE) HOMEMAKET  REET ADDRESS 3613 Telmai  KE MIDDLE  ADDRESS	ore County  OF WORK 12b. KIND OF OR INDI  OR ROad  Sterling  13 Telmar f
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 136. STATE 136. COUNTY Beltimore  14. FATHER'S NAME FIRST MIDDLE  150. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) IN FYES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	JUDIN, GIVE RESIDENCE BEFORE ADMESS.  JION, GIVE RESIDENCE BEFORE ADMESS.  JION, GIVE RESIDENCE BEFORE ADMESS.  JION, GIVE RESIDENCE BEFORE ADMESS.  Bredshaw  SPENSON AS A CONSEQUENCE.  JONES AND ASSEQUENCE.	13d INSII YES [ 15. MO 17. INFO 463B Mr.	DE (ITY LIMITS? 13e STI  NOW DITHER'S MAIDEN NAM FIRST Caroline ORMANT	REET ADDRESS  3613 Telmar  MIDDLE  ADDRESS	r Road  Sterling  13 Telmar f
136. STATE Maryland  14. FATHER'S NAME FIRST HATTY  160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	Bredshaw 5?   16b. SOCIAL SECURI 215-07-14 per line for (a), (b), and (c).)  10, OR AS A CONSEQUENCE	13d INSH YES [ 15. MO 17. INFO 463B Mr.	THER'S MAIDEN NAM FIRST Caroline ORMANT	MIDDLE ADDRESS	Sterling  13 Telmar f
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(YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	215-07-14  per line for (a), (b), and (c).)  A S V  TO, OR AS A CONSEQUENCE	463B Mr.			13 Telmar F
Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	TO, OR AS A CONSEQUENCE	OF			APPROXI BETWEEN O
			OITION GIVEN IN PART 1 (a).		
190. DATE OF OPERATION 196. CO  190. DATE OF OPERATION 196. CO  210. EXTERNAL CAUSE WAS 216. T  UNDERLYING OR HOU  CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED 21e. F  WHILE NOT WHILE ST	CONDITION FOR WHICH OPE	RATION WAS PERF	FORMED?		20. AUTOF
216. EXTERNAL CAUSE WAS 216. THOU UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	TME OF INJURY UR A.M. MONTH DAY YEA P.M. 19		URY OCCURRED (ENTER	R NATURE OF INJURY IN ITEM 18 PA	PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE STR	PLACE OF INJURY (AT HOME, REET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	1	CITY OR TOWN	COUNTY
220. I certify that I took charge of the remodeath resulted from Natural couses (I)  ACTUAL SIGNATURE			E (SPECIFY)  MEI  5550 Bal	Inquiry 4, ond otermined monner 4, DICAL EXAMINER timore Netion	DATE SIGNED / 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
23. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 12/27/		Memorial		Cation Catonsville,	Balto Mc

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

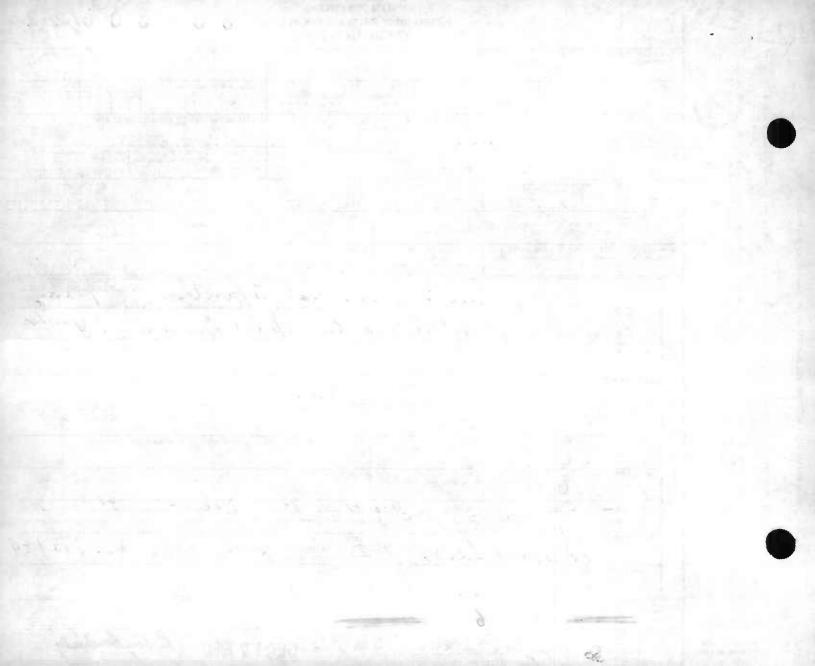
FOR

North Carlot 11330 Sept 71330

		STATE OF MARYLAN	D		
FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND ME CERTIFICATE OF DEA	ATH	3 0 ¢	5 2 1
		SCHMIDT		H 12TH 0 8AY 80EAR	28 7 UR40
THEODE	n c	SCHMIDT	Sr.	12 8 80	7:40 PM
SEX		5. DATE OF BIRTH		MONTHS DAY	
MALE				69 YRS.	
COUNTRY		MARRIED NEVER MA	RRIED -		
TOWSON	(IFSOT INSUCHALOS EMPS	TET ADOS P.	(TYPE OF WORK FOR MC	OST OF WORKING LIFE) INDUSTR	
LIAL RESIDENCE LIE NURSING HOME C	OR OTHER INSTITUTION, GIVE PESIDENCE RE	FORE ADMISSIONI	Contrac	tor Home	Improv
i. STATE 136. COU	JNTY 13c. CITY OR TO	OWN 13d. INSIDE CITY			
	KI 11110K CY 2123			KEUUUDKO	• • •
FIRST	MIDDLE LAST			Roe	emer
WAS DECEASED EVER IN U.S. A					O.M. O.E.
**	1VE WAR OR DATES) 218-12	2-9838 Myrtle	C. Schmidt	Baltimore.	Marylan
					N ONGET AND DEATH
		Pintackal &	Jac Los		10 Days
UIDO MARIA		Aurea 1	771-0-1-0	1000	1
Conditions, if any, which	( (b)	BENCEOF			
gove rise to immediate	DUE TO OR AS A CONSE	OUENCE OF			I WENT
underlying couse lost.	lei_	EGETTEE GT			
PARCUTIER SANDSACT	HRONG CORENIAS	PAILBURE READRI	INCTERMAL MEASOPES	COLATO GIVEN IN PART	1(01
acute and le	some Renal 7	action - Morte	e Value Deseas		
190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORM	NED 200 AUTOPSY?	206. IF YES, WERE FINE	
					NO 🗆
00.00-120-0-10-10-10-10-10-10-10-10-10-10-10-10-		DAY YEAR 21c HOW INJU	RY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART I OR PART 2	)
(IF EITHER NOTIFY MEDICAL EXAMINE		19			
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY	OR TOWN COUNTY	STATE
AT WORK AT WORK		11/26		12/15/50	
			10 SV to	12/8 19/12	and the same of th
22a.1 certify that (I) (this hosp	ottal) ottended the deceased from	5-3	, , , ,		m, that (I) (I) (I) (I)
22a.1 certify that (I) (this hosp saw the deceased alive or above, (I/(a-1) (did))	ortal) attended the deceased from  n  13  15  11) view the body offer death	50 , and that in (my)	opinion death occurred on th	e date and hour and from t	
22a.1 certify that (I) (this hosp		DEGREE ATT	opinion death occurred on the	ne dole and hour and from the	he couses stated
27a. I certify that (I) (this hosp saw the deceased alive or above, (I/(set) (did)) 1.1 27b. SIGNA DARE	n 12 Son 1 View the Body offer death	DEGREE  ATTI PH	opinion death occurred on the	ne dole and hour and from the	
270. I certify that (I) (this hasp saw the deceased alive or above, (I/(see) (did) (1) 1 27b. SIGNA DARE	or PRINT)	DEGREE ATTI	opinion death occurred on the	staff YSICIAN	TE SIGNED
22a. I certify that (I) (this hosp saw the deceased alive or above, (Mach) (did) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)	DEGREE ATTINE PHYSICAL PHYSICA	ending MEDICAL STRICT DIRECTOR PH	ne dole and hour and from the	TE SIGNED
270. I certify that (I) (this hosp saw the deceased alive of above, (I/(set) (did)) 1.1. 27b. SIGNATURE  27d. PHYSICIAN'S NAME (TYPE)  BURIAL, CREMATION, REMOVAI (SPECIFY)	OR PRINTS  L 23b. DATE  200  201  202  203  203  204  205  205  205  205  205  205  205	DEGREE ATTIPH  22e ADDRESS  7600  3t NAME OF CEMETERY OR CRE	ending MEDICAL SIGNATURE DIRECTOR PHY  DS/ER DR.  MATORY 23d LOCATION CITY OF TOWN	ETAFF TOWSON. M.	TE SIGNED  2/207
220.1 certify that (1) (this hosp sow the deceased alive or obove, (1/16-2) (did) 1/2 272b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)  HARLES  BURIAL, CREMATION, REMOVAL	OR PRINTS  L 23b. DATE  200  201  202  203  203  204  205  205  205  205  205  205  205	DEGREE ATTINE PHYSICAL PHYSICA	ending MEDICAL SIGNATURE DIRECTOR PHY  DS/ER DR.  MATORY 23d LOCATION CITY OF TOWN	ETAFF  SICIAN   TOWSON. M.  Balto: County	TE SIGNED  2/207
	SEX  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CITY OF TOWN ON EATH  DUSC  SUAL RESIDENCE (IF NURSING HOME OF THE STATE  Theodore  WAS DECEASED EVER IN U.S. A  (YES NO OR UNKNOWN)  CAUSE OF DEATH Enter of FART I. DEATH WAS CAUS  CONSTITUTION, storing the underlying couse lost.  PACLITER AND CAUS  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	SEX  A. RACE  White  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CITY OF TOWNSON FEATH  COUNTRY)  FATHER'S NAME FIRST  MIDDLE  CONDITION  CONTRY  C	SEX  A. RACE  White  Oct.  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  BARRIED NAME (Who in such as the part of the property of the part of the	SEX  4. RACE White Oct.  BIRTHPLACE (STATE OF FOREIGN COUNTRY)  BALLIMORE (STATE OF FOREIGN COUNTRY)  BALLIMOR	SEX  I. RACE  White  White  Oct. 21, 1911  BIRTHPLACE (STATE OF FOREIGN OCT). 21, 1911  BIRTHPLACE (STATE OCT). 21, 1911  BIRTHPLACE (

THE RESERVE OF THE PROPERTY OF Southern which is the party of the state of

200		FOR		DEPARTM		OF MARYLA	ND MENTAL HYG	IENE 8 C		3 0 6	22
	1.	STATE REGISTRAR				CATE OF D			G. NO.		
		EASED NAME FIRST	WIDDLE		LA	51		24 DATE OF DEAT	н момтн	DAY YEAR	26. HOUR A
ute eath		MA	X		SCI	HNEIR		DECEMBE	R 12, 1	980	8:16 M
la	3 SEX		4 RACE	to un	5 DATE O	F BIRTH DAY	YEAR	6. AGE (IN YEARS LAS	T RIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
/II ) L		MALE	CAUCASIAN	V	12	21	1911	68	YRS.	MONTHS DATS	AUGUS MAN
	CC	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	MARRIED	□ NEVER M	ARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
The life	PE	NNŚYLVANIA	u.s.a		WIDOWE	DI DI	ORCED XXX	baltim	ore COL	INTY.	MD.
t pe no		VINGS MILLS	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 6-L TAHOE CIRCLE			(17/		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOUR			HOME SS OR OVEMENTS
E		L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION)	*** *******					117)
0 / 7				VINGS M		13d INSIDE CI	NO KOK	6-I TAHO		•	S MILLS.M
e I	4 FA	THER'S NAME	Haral Market		LEE	15 MOTHER'S	MAIDEN NAM	AE			W
2/		LOUIS	WIDDIE	SCHNE I R			ONIA	MIDD		NKNOWN	51
1	6a. W	AS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECUI	ON YTIS	17 INFORMAL		AC		NGS MILI	CMD 21
	IAI	S, NO OR UNKNOWN)   IF YES, (	GIVE WAR OR DATES)	92-07-4	878	MRS. GI	USSTE H	AZMAN 6-I	TAHOE	CIRCLE	(21117)
-		18 CAUSE OF DEATH (Enter						0 0 -	a-		CIMATE INTERVAL ONSET AND DEATH
A Company	NO	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS			NOT RELATED	TO THE TERM	INAL DISEASE OR C	CONDITION G	IVEN IN PART 10	a i
shows at	CERTIFICATION	98 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES []	NGS USED S OF DEATH?
E -		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.		Y YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18.	PART 1 OR PART 2)	
Ì	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN JAT HOME, STREET, FA		IRM, ETC )	21f LOCATIO STREET	N	CITY O	RTOWN	COUNTY	STATE
		22a.1 certify—hat (1) (this has saw the deceased alive above, (1) (we) (did) (Add 22b SIGNATURE	on tou to	198		that in (my)	19 <u>13</u> ( <del>out apinian</del> c	eath occurred an t	he date and ho		SIGNED
MPORTAN		22d. PHYSICIAN'S NAME	awal L	ein	n	A ADDRESS		MEDICAL DIRECTOR PH	STAFF YSICIAN	12	112/80
=						220 ADDRES	0				
2			LEVIN, M.D	),				HEIGHTS			
		URIAL, CHANACONAREMOV	12-16-	80 <sup>23</sup> B	ALTY	MORE OF H	EBREW	23d. LOCATION CITY OR TOWN BALTIMO	RE		MARY LAND
25M ) 1/79		NERAL DIRECTOR NAME LEVINGONGBR	OS. 6010 RF	ADDRESS EISTERS	FOMINI E	POAD	DEC	4 4000	RAR 25	TRAK S	and a



		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 0	30623	
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
		CEASED NAME FIRST	MODIE	LAST	20 DATE OF DEATH		
2 26	(TYPE	ELIZABE	TH 6.	SCHULTHEIS	A STATE OF THE PARTY	12 25 80 325 A	
pag day	3. SE		4 RACE	5. DATE OF BIRTH	4. AGE (IN YEARS LAST BIRTH		
age 4. scrior, n after mes.		FEMALE	CAME ACION.	MONTH DAY YEAR 12 25 99	80 Yr.	S YRS. MONTHS DAYS HOURS MIN	
1 69	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	
100	10 C	GO de lestourie	11. NAME OF HOSPITAL, NURSING OF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
24 no	USU.	AL RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	EADMISSION) //N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	1101714	
1 11 125		1114. CAR	Roll Sykesi	ILL YES NO K	FAIRHA	NEN	
UND deleted	14 FA	THER'S NAME	MODIE	15 MOTHER'S MAIDEN N	AME MIDDLE	Rogers	
1 90	lée V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SECL	IRITY NO 17 INFORMANT	ADDRE		
Pages 1	(1		672634	1777 MRS. WM B	ARREII Wes	t Boxford MAS	
icatii sici ers. val.		14 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), an	dien		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
es that the death d by the attendin ase remove carbo isil, cremation, or y, or other traum		Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause last	DUE TO, OR AS A CONSEOU	NOSCLEROTIC H	EART D'S	EASE-	
n requires en signed hen pleas r to burial ny injury.	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONE	OITION GIVEN IN PART 1(a)	
V: The law  or the has bee permit. The permit. The prior strong is shown arr	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO (1)	
PHYSICIAN: ng physician. this certificate urial-transit pe Mental Hygien d or Item 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RRED (ENTER NATURE OF INJUR	r in Item 18, Part 1 Or Part 2)	
TENDING PHYSICIAN: or attending physician. OR: After this certificate use as the burial-transit p Health and Mental Hygie	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21ª PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOW	N COUNTY STATE	
LOR ATTENIOR STATENIOR STATENIOR STATES OF THE PORT OF THE STATES OF THE		22a.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not	tal) attended the deceased from	12 - 18 - 19 80 , and that in (my) (aur) apiniar		te and haur and from the causes stated	
		22b. SIGNATURE	Mari	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	226 DATE SIGNED 12-25-80	
TO HOSPITAL retained by the TO FUNERAL should be detac with the State I		22d. PHYSICIAN'S NAME (TYPE OF	A	170 ADDRESS BOL. Co	ouring Gen	, Ho sportal	
with with	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	
BP		Tollrial	12-29-50 4	Lushing Comitay	Alushum	LETY ANY	

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8728 Liberty Rd., Randallstown, MD 21133

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h. HOUR

HOURS

12b. KIND OF BUSINESS OR

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STATE

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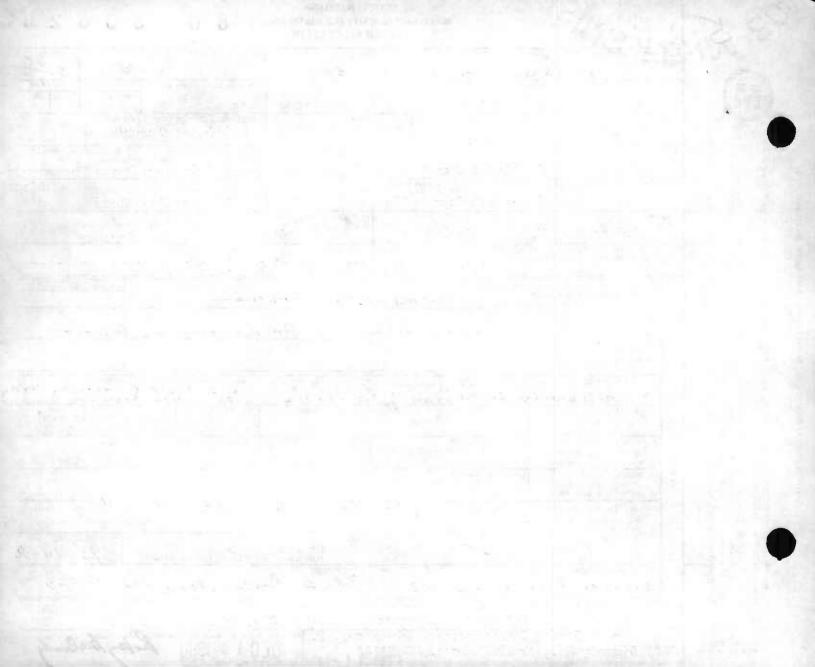
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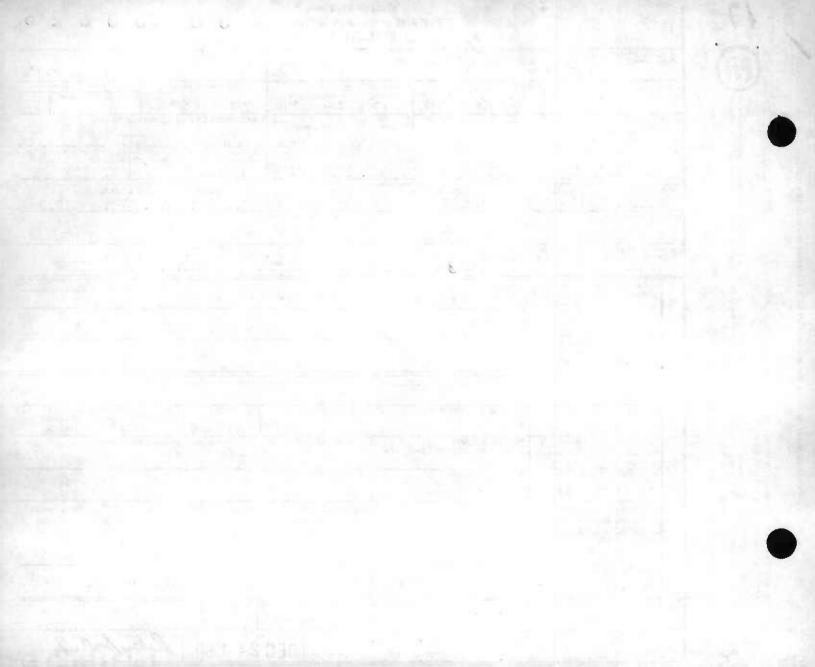
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DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

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			BER 9	198	DAY		26. HOU	
6.	AGE	(IN Y	EARS LAST BIRTH	IDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
1800	1	83		VDC	MONTHS	DAYS	HOURS	MIN.

GEORGE SCHLEY

7h CITIZEN OF WHAT COUNTRY?

U.S.A.

WHITTE

SELF 4 RACE MONTH

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

5. DATE OF BIRTH

WIDOWED

SEPTEMBER MARRIED NEVER MARRIED

FT. HOWARD.

13d. INSIDE CITY LIMITS?

BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

BALTIMORE COUNTY 12ª USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE)

916 LANCE AVENUE

MIDDLE

12h, KIND OF BUSINESS OR INDUSTRY MD. SELF EMPLOYED SEAFOOD 13e STREET ADDRESS

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13h COUNTY 13c. CITY OR TOWN ESSEX BALTIMORE MARYLAND

MIDDLE

(IF YES, GIVE WAR OR DATES)

WW I

XC 02 256 428

FOR

REGISTRAR

MALE

ID. CITY OR TOWN OF DEATH

FORT HOWARD

ESTATE OR FOREIGN

WAS DECEASED EVER IN U.S. ARMED FORCES?

DECEASED NAME (TYPE OR PRINT)

- STATE

70 BIRTHPLACE

COUNTRY VIRGINIA

4. FATHER'S NAME

YES

CERTIFICATION

CEORGE

190 DATE OF OPERATION

21d. INJURY OCCURRED

226 SIGNATURE

3 SEX

LAST

01

166. SOCIAL SECURITY NO.

MEDICAL CENTER.

SELE

0849

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

19 80

FIRST ALTCE 17. INFORMANT

15. MOTHER'S MAIDEN NAME

ADDRESS

CLIN. RECDS. VAMC. FORT HOWARD, MARYLAND

HOOKER

LAST

APPROX. BETWEEN	XIMATE INTE
C PULMONARY ARREST 1 H	HOUR
E OF IAL FAILURE 1 D	YAC
E OF E HEART FAILURE YEA	RS_
TH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	_

D. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR
IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19

220.1 certify that (% (this hospital) attended the deceased from

above, (a) (we) (did) (did) view the bady after death

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

NOM

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES

211 LOCATION

CITY OR TOWN

COUNTY STATE

NO T

80 and that in (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22e. ADDRESS

PHYSICIAN

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

/9/80 FT. HOWARD. MARYLAND

DAVID CHEN. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

V.A. MEDICAL 23c. NAME OF CEMETERY OR CREMATORY

80

23d LOCATION CITY OR TOWN

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Lo. CONNELL

NOT WHILE

saw the deceased alive an

274 PHYSICIAN'S NAME (TYPE OR PRINT)

MACE

CENTER

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Maryland USA Ealtimore County

Parlyine 1 Asst. Trust Officer - Bank

Maryland Baltimore x 1181 E. Northern Penkey

Michael J. Shea Mary Flan

No 216 06 3881 Nrs. Faul J. Wilhelm Balto., Md.

Perring Parkway Nursing Home, Ma.

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.bM

Eurial 12/81/80 New Catnedral Henr W. Jenkins & Sons Co.

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11	1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL	HYGIENE &	REG. NO.	3 U 6	3 5
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page 3	3. SE	Phyllis	Livingst	ton Po	e S	hields		mber 28	1980	IF UNDER 24 HRS
4		Female	Whit	-6	MONTH	QAY YEAR			MONTHS DAYS	HOURS MIN.
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\$		Maryland	US	SA	WIDOWE	DIVORCED		ltimore (	County	MD.
the further d with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL	OCCUPATION RK FOR MOST OF WORKING	12b. KIND (	OF BUSINESS OR
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Lutherville	College	Manor	~ Nur	sing Home		nemaker		1 Home
24 hour filled in ould be	13a.	AL RESIDENCE (IF NURSING HOMSOR STATE  Anviand	ITY 13	e residence before a. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS		ADDRESS B N. Cha	rles St	reet
		ATHER'S NAME	MIDDLE		710	15. MOTHER'S MAIDEN			T	
completely and 2 sh		Philip	MIDDLE	Poe		Grace	e	WIDDIE	Mor	
and co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	P M V	
2 2 2		No				Thomas V	V. Shie	lds, Jr,	Balto,	Md
hysicie paper aval.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY: ///	02 0 pn	d (c).)		U a.	0-1-1	BETWEEN	IMATE INTERVAL ONSET AND DEATH
ding parban arban ar rem		24AA		cupie	HCKO	roses Wil	2 gua	ariples,	10 30	years
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the a rema emat		gave rise to immediate cause (a), stating the	)	S A CONSEQUE	NCE OF					14-14-14
that d by lease ial, cr		underlying cause fast.	(c)							
quires signe hen pl ta buri njury, a	N N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO E	DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEAS	SE OR CONDITION (	GIVEN IN PART 1	01
The law reigian. It has been stift permit. I guene priar shaws any ii	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY? 20b. IF	YES, WERE FINDI RTIFYING CAUSES YES [	NGS USED S OF DEATH?
Z S O D T S		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF IT	MONTH DA	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.		19					
1	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE F.	ARM, ETC )	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
NDING P or offer these as the		AT WORK AT WORK	-1)	1.0	No	7/ 10	7/ 7	Dec. 28	1080	
		220.1 certify that (1) (this haspit saw the deceased alive an	Her of	0 10 5	30 ,00	d that in (ay) (aur) apir	nion death accurr			that (we) last causes stated
OR ATTEN te hospital DIRECTOR. Sched for us Dept. of He		22b. SIGNATURE	view the body oft	er death.	[	DEGREE			22c. DATE	SIGNED /
the O IA O I I I I I I I I I I I I I I I I		W.B. Han	els. VI	1	m	ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAFF PHYSICIAN	12	129/80
SPIT.	1	224 PHYSICIAN'S NAME (TYPE O	Jr.	JE200 10		22e. ADDRESS		6-10-1		2
TO HOSPITAL (retained by the TO FUNERAL Dishould be deton with the State LIMPORTANT: If		Worth B. Dai	niels, N	I.D.		11 E. C	hase St	., Balto.	, Md.	21202
501	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	_		EMETERY OR CREMATO	CIT	Y OR TOWN	COUNTY	STATE
201BP	74.5	Burial	12/31/			Ridge		kesville,	MITTER SECURITY	Maryland
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR Henry 205 York Road	y W. Je Balto.	ADDRESS	2121	200.	JAN 2	1981	try he	Cready
	143	JOS TOTA ROAU	Dailo.	, 14101			rest M	1001		

Call and the control of the control Vinite Oct. 0, 1817 Bultimore County Clyten Lunarville College Manor Nursins Home Homerakor Coun Fore Maryland Ealtimore X (1908 N. Charles Etreet Chase Vonite cificial Thomas W. Shields, Jr. Balto., Nd. Worth B. Daniels, M.D. 11 E. Chaes St., Balto., No. 5446 Burial 12/31/80 truic Riggs Pixesville, Mark  $^{\circ}$  Jen ins son  $^{\circ}$ 4905 York Road Ealto., Md. 21212

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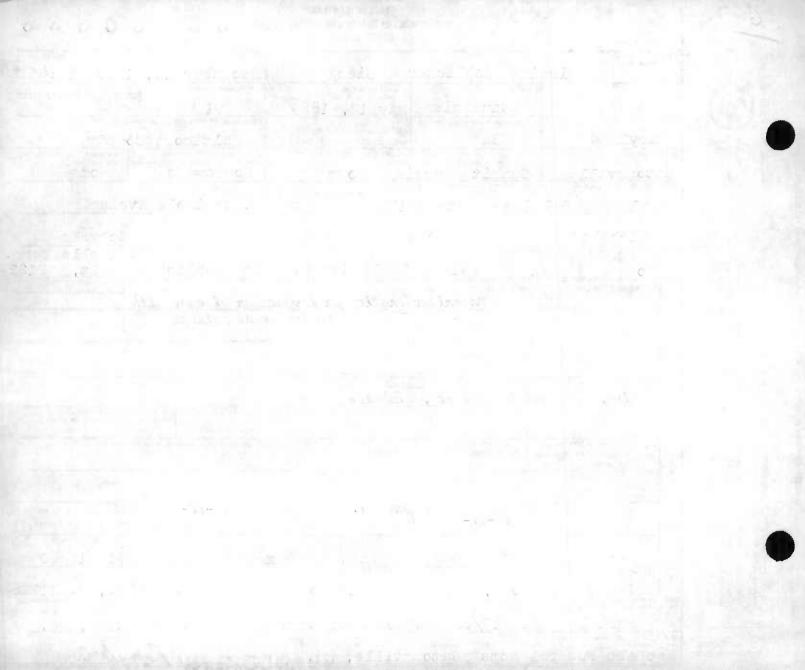
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4) 7/7B

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

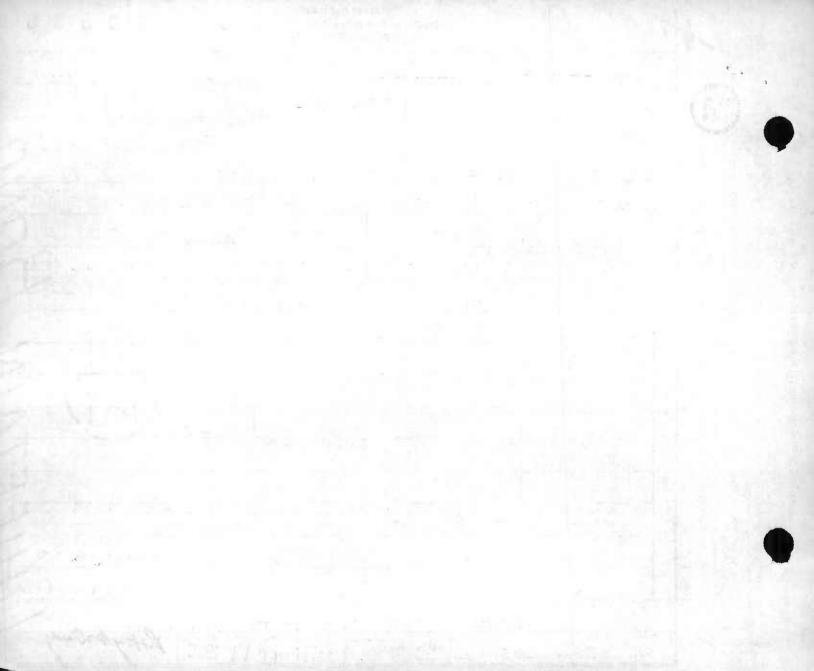
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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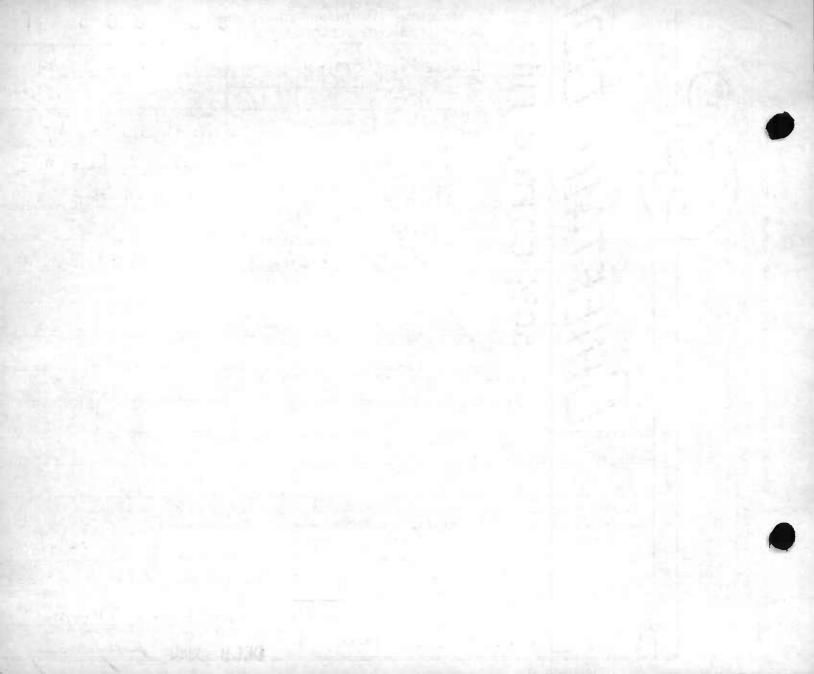


2/2		FOR	DEI		OF MARYLAND ALTH AND MENTAL	HYGIENE A	7 0 4 7 0			
		STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
(MACA:		CEASED NAME FIRST EORPRINT) CHARLES	FRAN	K S	INE	20. DATE KNOW OF ESTI- DEATH MATE	D 17-8 SO 192	OUR Ly		
	3. SEX	ale. White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE  MIN PRONOUNCED  DEAD	MONTH DAY YEAR 7d. HC	OUR		
The second of th	7a. 81	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT	, N	ARRIED   NEVER MARI	RIED 🔲	Falls Co.	MD.		
ELAY IS TO THE 1 PAGE S 301	196	TY OR TOWN OF DEATH  MY (12123)	11. NAME OF HOSPITA	AL, NURSING HOME, OR	OTHER INSTITUTION	17a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY	š		
ANY E ANY E AND 3	130. S	TATE MARKET 13b. COUNTY	OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION)  30. CHYOR TOWN  2324	13d INSIDE CITY LIMITS?	38 / Lender	120n Pel 2/220			
	14. FA	THER'S NAME FIRST  //LL////M	SINE	tAST	JULIA	MIDDLE	CERM AC			
ST., BALTIMORE, MD. HOURS AFFER DEATH N 1B. GIVE PAGES 1, NG WITH FORM PM IMIT PAGES 1 AND Z NG WITH PAGES 1	16a. V	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE ES W V	WAR OR DATES)	19810 144		and Eather	PRESS 8 50, RANDOLL	A)		
301 W. PRESTON ST CUTED WITHIN 24 HC IN PENCIL IN ITEM I EXAMINER ALONG JRIAL-TRANSIT PERM JORNER POSEM		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	D BY: TE CAUSE (o) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	NICEASE OR CONDITION CIVEN IN B	des Voscula.	Dlocare lindel	A7H		
SORI BE E ADIN AEDIN MATI	CERTIFICATION	:10	rom	N FOR WHICH OPERATIO		AX [ ] » () .	20 AUTOPSY?			
A SOLDS	TIFIC,	X					YES NO	0		
ON OF VITA ON OF VITA IFICATE SHC TO THE CH HOULD BE U ARTIMENT OF		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF IN. HOUR A.M. M P.M.	ONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)			
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21:		22a. I certify that I took charged death resulted from: Natu ACTUAL SIGNATURE		ed obave, held on Acident , Suicide	utopsy , Inspection , Inspectio	Undetermined manner	ond in my opinion  DATE SIGNED  One of the state of the s	)		
TO MEDIC EXECUTE PAGE TO FUNE AFTER DE	-	EXAMINER'S NAME (TYPE OR PRINT)	JOHNI	C. Hyle	ADDRESS 752	/	1 Bull 2/2362	2		
BP	23a.B	URIAL, CREMATION, MEMOVAL	12/11/80	HOLLY H	RY OR CREMATORY	23d. LOCATION CITY OR TOWN BALTE.	COUNTY STATE			
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FI	G. CONNELLY	300 N	MACE AVE	25a. DAT6	SEC 1 5 1980	REGISTIAR'S SIGNATURE			

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10		1-	STATE REGISTRAR		LEXAMINE	R'S CERTIFICA	TE OF DEA	<b>1</b> ()	G. NO.	Q	6	
1			CEASED NAME FIRST	MIDDLE		LAST		20 DATE KNOW	N MONTH	DAY	YEAR	2b. HOUR
6	58484	(11)	CLARA.	Louis	E	SMIFH		OF ESTI-	0 79 17		19 80	N
,		3 SEX	emale White	5. DATE OF BIRTH MONTH DAY 2-12-05				PRONOUNCED DEAD	MONTH 12	4	19 80	1900 M
	1135	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)  na. Ry and	76. CITIZEN OF WHAT COI			MARRIED	9. BALTIMORE C	TY OR COUN	OC.	EATH	AAD
	DELAY IS I TO THE IN PAGE 8 BE FILED, DS, 301 W	10. CI		11. NAME OF HOSPITAL, M	E STREET ADDRESS)	OR OTHER INSTITUTIO		AL OCCUPATION  A OST OF WORKING LIFE  MAK			ND OF BUS	
21201	ANY COULD	130. S	L RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDEN		13d. INSIDE CITY L	LIMITS? 130. STRI	EET ADDRESS	العرب	An	٥	0
	2. SH 2. SH	-	THER'S NAME	11/	Marcin	15. MOTHER'S	MAIDEN NAME	VI MAY		, , ,		
, Mp	AGES 1, 2, A AGES 1, 2, A I AND 2 SHO OVITALME		FIRST	MIDDLE Whi	+41e	FIRST	wwk	MIDDLE		1	LAST	
BALTIMORE, MD.	AFTE IVE P. H. FO GES SION	160. V	(AS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)  16b. S	403091	8 Ele	execut J	Smith	5538	Las	ham	Way
	587.0		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	BY: A CAL		cardial i	infarch	ón		BETW	PPROXIMATE VEEN ONSET	INTERVAL AND DEATH
PRESTON ST.,			910	DUE TO, OR AS A CO	ONSEQUENCE OF		0-	0 1		2	5	
ex ex	D WITHIN CENCIL IN AMINER STRANSIT ENTAL HY		Conditions, if ony, which gove tise to immediate	(0)	Truc loc	remuce my	yocarcha	I disoc	ue	1	4	S.
301 W	H X X X X		cause (o) stating the <u>under</u> lying cause lost.	DUE TO, OR AS A Co		•	J				U	
CORDS,	BE EN VDING AEDIC AS A VLTH A	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE DR CONDITION GI	VEN IN PART 1 (a).					
AL RE	E SHOULD VORD "PER E CHIEF A BE USED VI OF HEA URIAL, CREA	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERAT	ION WAS PERFORME	D?		400	4	UTOPSY?	1-1
DIVISION OF VITAL RECORDS, 301 W.	HE WOO THE WOULD BE	CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MON'		21c. HOW INJURY O	CCURRED (ENTER )	NATURE OF INJURY IN IT	EM 18 PART 1 OR P		res 📙	NO LY
DIVISION	R: THIS CERTIF TE, WRITING T DRWARDED TO PAGE 3 SHO STATE DEPAR 21201 PRIOR I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJU STREET, FACTORY, FARA		211. LOCATION STREET		CITY OR TOWN	C	OUNTY		STATE
	S S S S S S S S S S S S S S S S S S S		22a. I certify that I taok charg death resulted fram: Natur	e af the remains described a			nspection ,	Inquiry	and in my o	pinion	,	,
	CAL EXAMINE THE CERTIFICA SHOULD BE F RAL DIRECTO RATH, WITH TH		ACTUAL T. CLOS	Han O'Apr	idran	M.D. Dop	alm	ICAL EXAMINER	DATE		2/4	80
	TO MEDICAL ES EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	1	(THE ORTRITO)	ossan O'Doi	UOVAN	ADDRESS	112 Dund		Balto	, Mc	1.2	1222
		5	PRIAL, CREMATION, REMOVAL 2	36. DATE 23	NAME OF CEME	of Faith	10	OCATION OR TOWN	my 9	No	for st	ATE Q
	MH-17 20M 1/73 VR A15 ME (5))	24 F	MELLY F. CVER	G12 (OPRESS Cire	Sees 1	250	DEC.		REGISTRAR'S	my/	K William	adag



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VIRGINIA YOUR THE TO A PRODUCE OF THE STORY 
1913-1960 LL1 O1 7555 CERTIFICE RECORDS, VHES, FORT BORLIN, ED

FREEDOMIA, BULLETINE 34 VERIES

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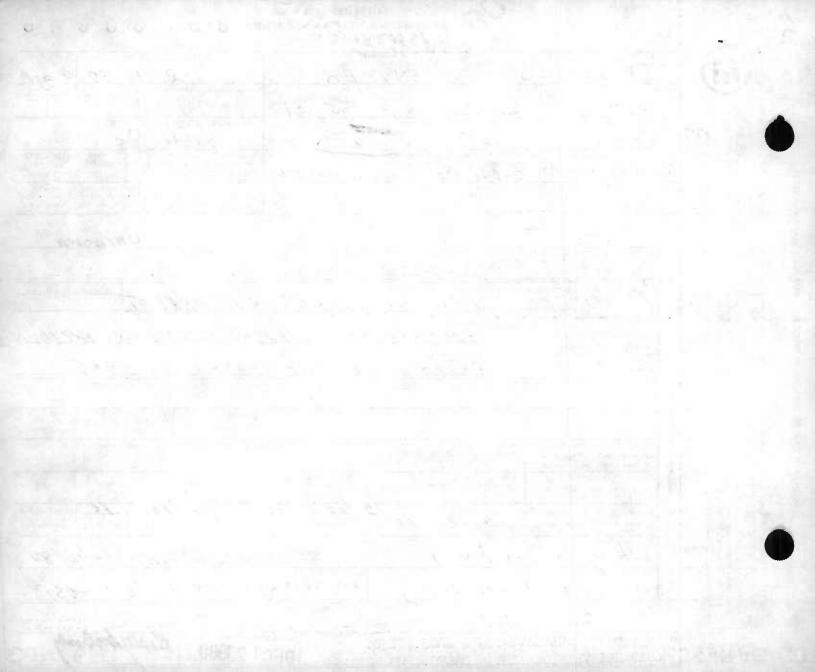
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PARKET TIME, T.O. TO THE CARE OF THE PARKET, TO STORE

6500 York Rd.

5	1 -	STATE REGISTRAR		DEFARI		ICATE OF DEATH	REG. N	0.	0 4 4
		CEASED NAME FIRST OR PRINT) Sadie		L.	Smoot	AST	Dec. 1	7, 1980	2b. HOUR 12:34p
	3. SE)		4. RACE	T3	5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN
nerol dire	70. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN O	F WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY C Baltimore	R COUNTY OF DEA	ATH
by the fui	10. CI	TY OR TOWN OF DEATH		F HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDL	SIND OF BUSINESS OF USTRY
filled in buld be f	USU/ 130 S	AL RESIDENCE (IF NURSING HOME C TATE 136 COU BA)	NTY	ON, GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	30 10 LA	VENDER	AVE.
ond 2	w	THER'S NAME FIRST	MIDDLE	KELLY		15. MOTHER'S MAIDEN NA FIRST HELENA	K.	ρ	HILLIPS
s. Page	(Y	(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES!	- m	URITY NO.	FAMILY	RECORD	0.5	
physicie onpoper emavol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse p ED BY: (TE CAUSE (a)_	Arterios	clerot	ic cardiovasc	ular diseas	e BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ove carbo hian, ar ri	4	Canditions, if any, which	DUE TO,	%1\11°258	gestiv	e heart failu	re		
by the cose remo		gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO,	Arterio1a	rnephr	osclerosis wi	th renal fa	ilure	
n signed Then ple r to buric injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN PA	ART Mai
hos bee t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CON	IDITION FOR WHIC	H OPERATIC	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO [
g physici ertificate iol-transi ntol Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINES	ATH HOUR	OF INJURY A.M. MONTH [ P.M.	DAY YEAR	21s. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PA	ART 2]
ter this certification of the service of the servic	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO		STATE
opital or STOR: Af for use o of Heolil 21 is mo		220.1 certify that (**) (this hasp sow the deceased alive a above, (**) (we) (did) (***)	De De	c. 17. 19	Nov. 80,	14, 1980 <sub>19</sub>	death accurred on the d		m the causes stated
by the hos ERAL DIREC se detached Store Dept. ANT: If Irem		226. SIGNATURE  Beat	in the	P. D.	non	DEGREE  M.D. ATTENDING PHYSICIAN [	MEDICAL STA		DATE SIGNED Dec. 17 198
etrined by the TO FUNERAL should be defrant with the Stote MAPORTANT:	H	22d PHYSICIAN'S NAME (TYPE Beatriz P. D:		.D.	)	7620 York	Rd. Baltimo	•	1204
P	230 B	SURIAL, CREMATION, REMOVA	1236 DATE	-	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24 FL	INERAL DIRECTOR FINAME  ANS FUN		1000000	Kroz		FREG D BY REGISTRAR		al way

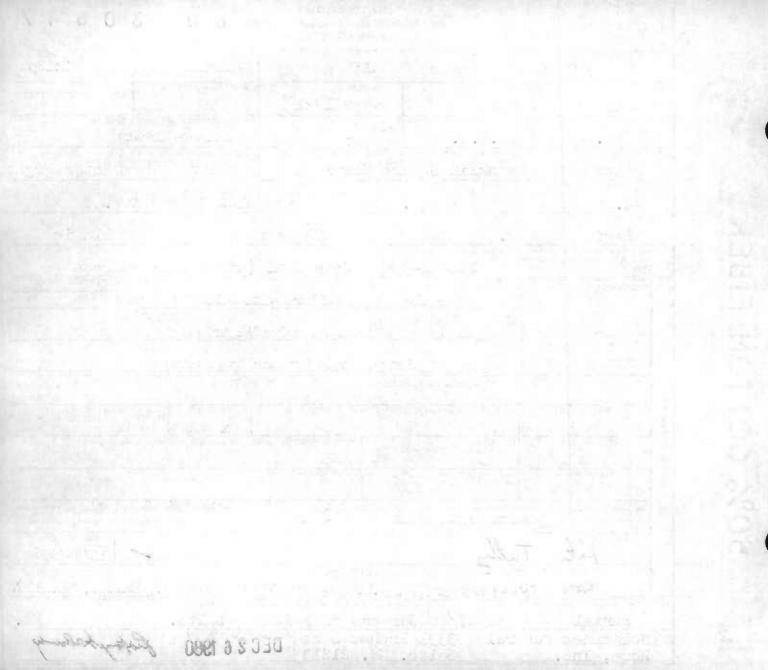
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Balto. Md. 21213

(VRA 15, 4)

Home. Inc.



FOR

REGISTRAR

DECEASED NAME

- STATE

CTYPE OR PRINTS

**DHMH-16 25M** 

(VRA 15, 4) 1/79

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS DAYS HOURS. **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beth Electrician 3414 Cornwall Road Simons Cornwall Balto. MD. 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple Pulmonary Emboli and Infarctions (b) Small Cell Undifferentiated Carcinoma of lung with PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO [ 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE December 9 and that in (min (our) opinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 9000 Franklin Square Drive 21237 Howard Maryland 24 FUNERAL DIRECTOR Duda-Ruck. Incaporess Dundalk. MD. 21222 Wise Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2h HOUR

6:00p

28 DATE OF DEATH MONTH

THE ROLL OF STREET, ST The state of the s

Per 11 1930 - 1 1930 -

STATE OF MARYLAND

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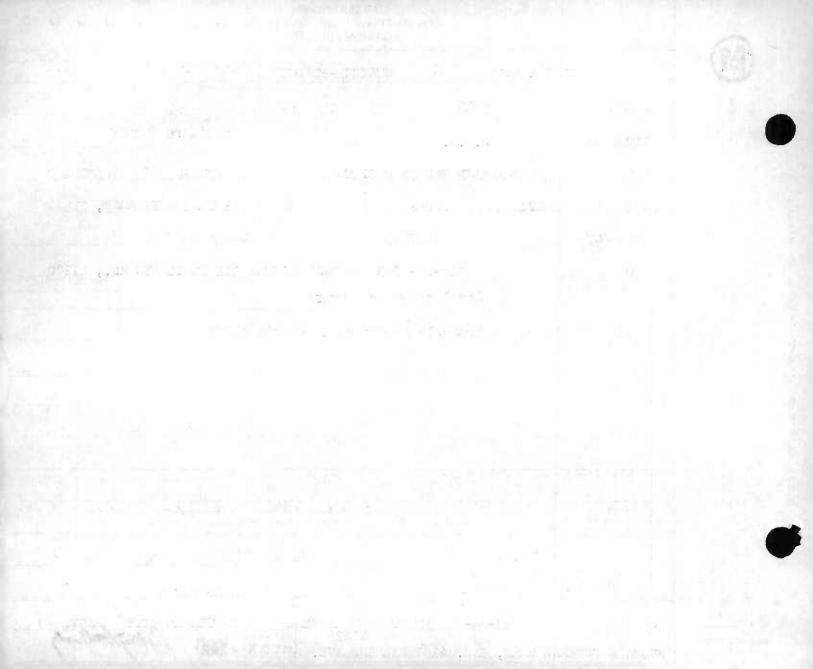
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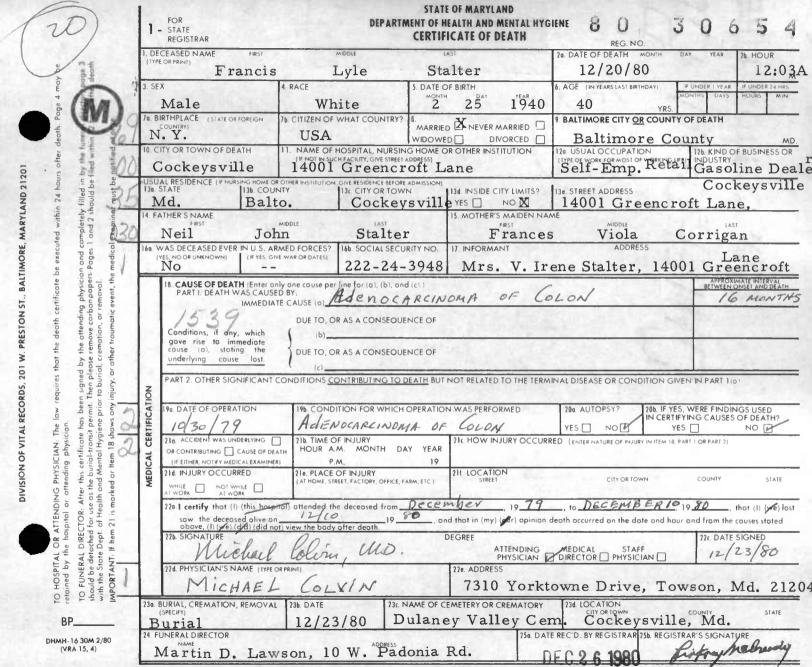
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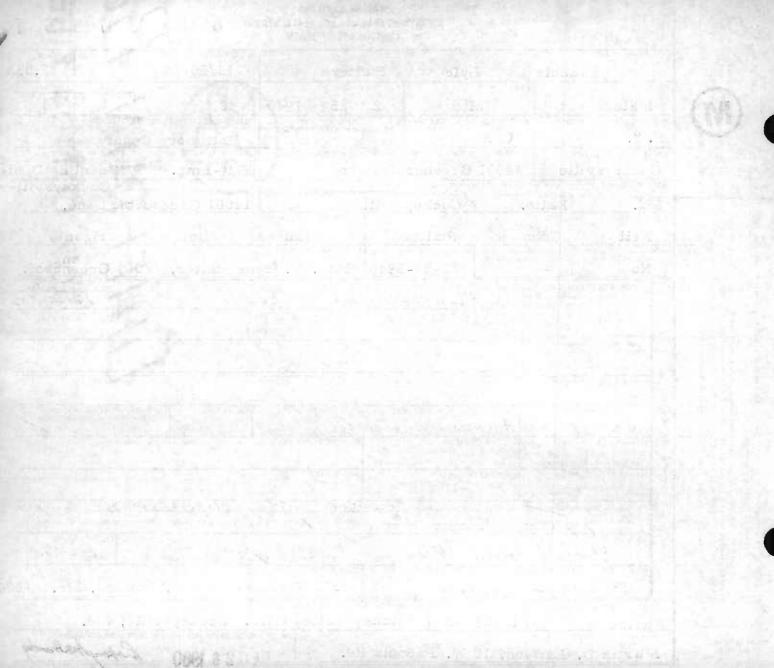
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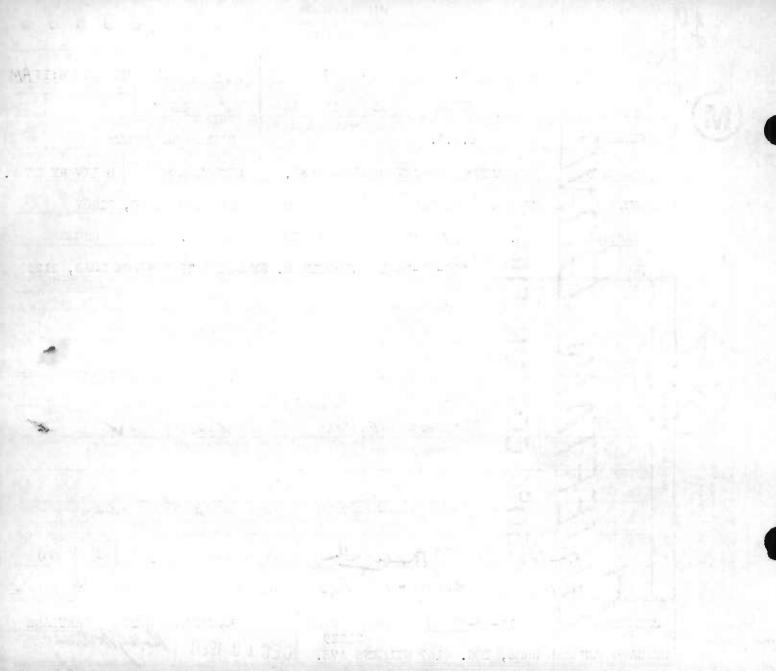
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	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLA TEALTH AND I	MENTAL HYG		3 . NO.	0 6	5 3
D		CEASED NAME OR PRINT)	FIRST		WIDDLE		IGER-ST		December		BO YEAR	5:25 P
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1	70.0	FEMALE IRTHPLACE (STATE ORF	0071011 71		HITE WHAT COUN	03	15	89	9 BALTIMORE CIT	91 YRS.	OFFICATIO	
of once	10.0	LITHUANIA	OKEIGN /6		S.A.	MARRIE	D NEVER A	WARRIED	Baltim	ore Cour	ity	ME
	10 C	ITY OR TOWN OF DEA	TH 11	(IF NOT IN SUC	H FACILITY, GIVE S			TITUTION	12a USUAL OCCUP	ST OF WORKING LIFE	INDUSTRY	
9	USU	ESSEX AL RESIDENCE (IF NURSI	ING HOME OR OT			ARE HOS	PITAL		SEAMSTRES	SS	1 CLOT	HING
36	13a :	STATE	13P COUNT	Υ	13c. CITY OR	TOWN	13d INSIDE C		13e. STREET ADDRE			
E)		MARY LAND	BALT	IMORE	ESS	EX	YES	NO 😿	111 TRA	LLWAYS R	<u>.OAD, 2</u>	1220
130	14. F7	FIRST	MIC	DDLE	LAST			FIRST	WE	E	LAS	ST
		UNKNOWN				SUNAS			UNKN			
O J		VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL	SECURITY NO.	17. INFORMA	INT	AD	DRESS		
		NO		-	215-2	4-7203	ROBERT	STAIG	ER 111 TRA	ILWAYS	RD., 2	1220
cevent, in		PART I. DEATH W	AS CAUSED	BY:		ulmonar	y arres	t			BETWEEN	KIMATE INTERVAL ONSET AND DEATH
oumon		Conditions, if ony,		DUE TO, O	ras a consi	y secon	dary to	septi	shock			W. Vo.
other tr		gove rise to imm couse (0), statin underlying couse	g the	DUE 10, 0	R AS A CONS	EOUENCE OF						
njury, or	N O	PART 2. OTHER SIGN	HFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ondition give	N IN PART 1	0,
2 kuo swo	CERTIFICATION	190 DATE OF OPERAT	ЮИ	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	RMED	200. AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	NGS USED S OF DEATH?
ow 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME C HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	IJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, PA	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE			21f LOCATIO	ON	CITY C	RTOWN	COUNTY	STATE
Z I IS mo		22a. I certify that (I) sow the decease above, (I) (we) (d	d olive on	· ·	12//	611	nd that in (my)	(our) opinion	deoth occurred on th	e date and hour		that (I) (we) lost couses stated
IT: If Her		22b. SIGNATURE	Wen	to,	M.D.		DEGREE A	ATTENDING PHYSICIAN [		STAFF (SICIAN X	12 DATE	SIGNED 1/80
MPORTANT:		226. PHYSICIAN'S NA	e I TYPE OR P	Vent	to		220. ADDRES		UARE HOSP	TAL		
3		BURIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF			23d. LOCATION		e Ocean Commercial	e altitude comme
		SURIAL		12-04	4-80	MOST HO	LY REDE	EEMER		ORE CITY	MAR	YLAND
0		UNERAL DIRECTOR				,	21229	25a. DAT	E REC'D BY REGISTI	AR 25 CATE	SAUG	Mille
	H	JBBARD FUNI	ERAL H	OME, I	NC. 410	7 WILKE	NS AVE.	. DEC	3 1980	1	,	/









232 CARROLL STREET. N. W. WASHINGTON. D. C.

FOR

- STATE

DHMH-16 20M

(YRA 15, 4) 7/7B

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

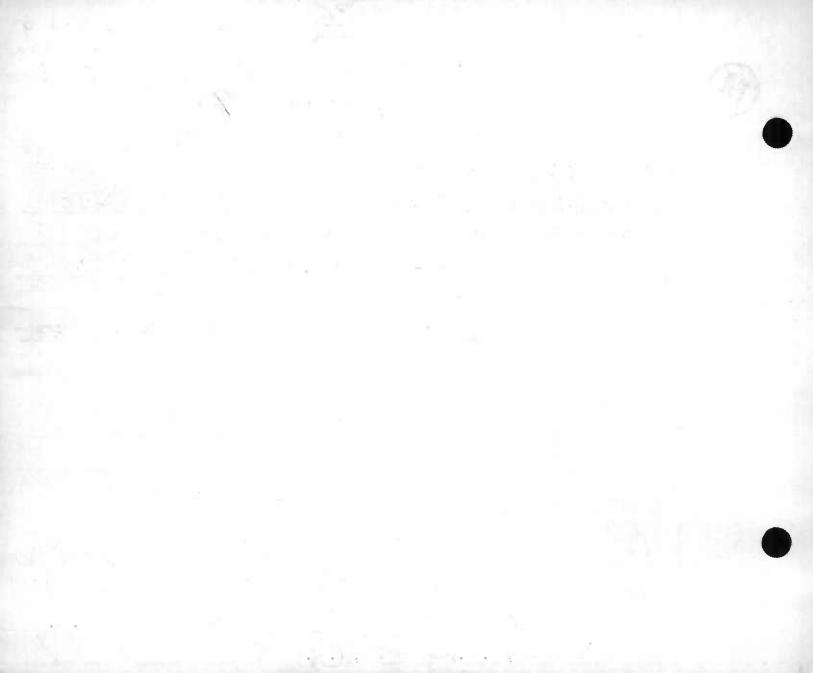
CERTIFICATE OF DEATH

2b. HOUR

IF UNDER 24 HRS

NO [

STATE



4 may be

executed within 24 hours after

certificate be

ATTENDING PHYSICIAN: The law requires that the death

attending physici

TO HOSPITAL OR ATTER

BP.

completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours after death

no fied at once.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.	0 0	, , ,
		CEASED NAME	FIRST	^	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	(1.77	S. M. F. KINST J	Murry	Rob	ert STE	М		December 1	7, 198	0	10:10Pm
	3 SE)	(	1	RACE		5 DATE O		6. AGE   IN YEARS LAST BIRT	HDAY)	UNDER I YEAR	IF UNDER 24 HRS
		Male		White		Sep	t. 27, 1892	88	YRS.	DAYS DAYS	HOURS MIN
	78. BII	RTHPLACE (STATE OF	FOREIGN IN		WHAT COUNTRY?	MADDIE	D D NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	OF DEATH	70
	0	a rroll	Count	U.S.	.A.	WIDOWI		Baltimor	e Coun	ty	MD.
7		ivoriown of D	EATH		HOSPITAL, NURSING HEACHUTY, GIVE STREET LA SQ UAT		pital	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Farmer			OF BUSINESS OR
-	13m S	AL RESIDENCE (FAU	IRSING HOME OR OF THE COUNTY Carr	-	GIVE RESIDENCE BEFOR 134 CITY OR TOW WESTIML!	VN .	134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 3336 Old V	Vashing	gton Ro	d.
	14 FA	THER'S NAME	MID	OLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	
		George			Stem	1	Ida	Mode		Pod	ole
		AS DECEASED EVE			166 SOCIAL SECU	JRITY NO	17 INFORMANT	ADDRE	SS		
1	17	No	(IF YES, GIVE W	AR OR DATES)	219-36-0	072	Joseph G. St	tem			
		Canditians, if an gave rise to in couse (a), state underlying cau	mmediate ling the se last	(c)	r as a conseou	ion ar	nd electrolyte				
ı	z						NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
	CERTIFICATION	PATIENT			neral pod		3d1t10n IN WAS PERFORMED	20e AUTOPSÝ?		WERE FINDING CAUSES	
	_	210. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18, PAR	IT I OR PART 2)	
	MEDICAL	21d. INJURY OCCU	RRED WHILE	218 PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
			(this haspital)	Decemb	er 17 19	80_, 0	nd that in (Ay) (aur) apinian (				that M (we) last causes stated
		276 SIGNATURE	036		2	//	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	SIGNED /SU
		Raul Ma	NAME (TYPE OR PR				9000 Frankl	in Square D	r., 21	237	

**DHMH-16 25M** 

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4) 1/79

230. BURIAL, CREMATION, REMOVAL 236. DATE Burial 12/20/80 23c NAME OF CEMETERY OR CREMATORY lorsville Cemetery

23d LOCATION
CITY OF TOWN
Taylors ville

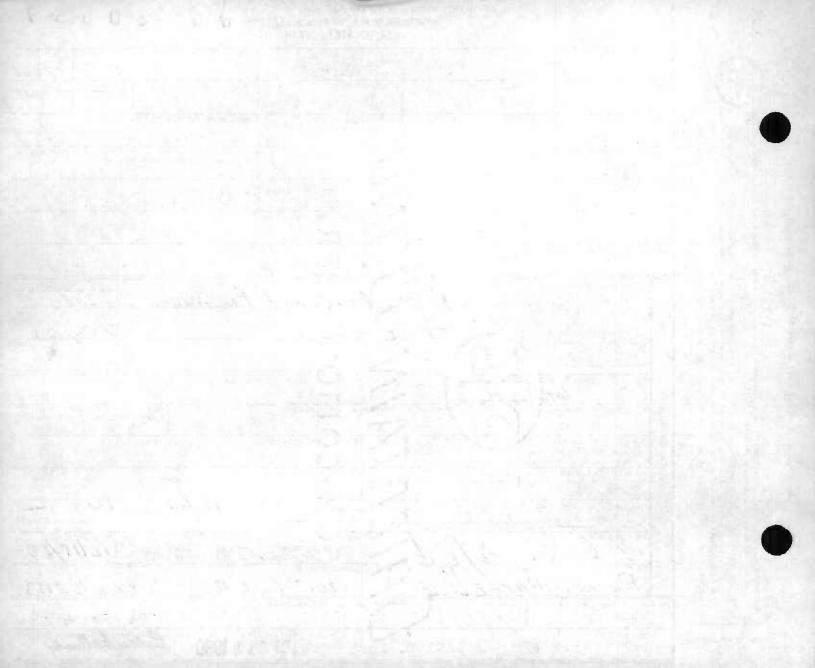
Carroll

4 FUNERAL DIRECTO Thomas D. Fletcher & Son F.H 254 Hast Mairostreet Westminster, Maryland 21157 25a. DATE REC'D. BY REGISTRAR 256 REGISTER'S SIGNATURE

SAKE 175 . 6 1 Tilb Ad resident Mil.

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STATE OF MARYLAND



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BALTO BALTO,

216.32-4207 CARRILLE, STORET SAME - 21228

ELECTRICAN RETIRED

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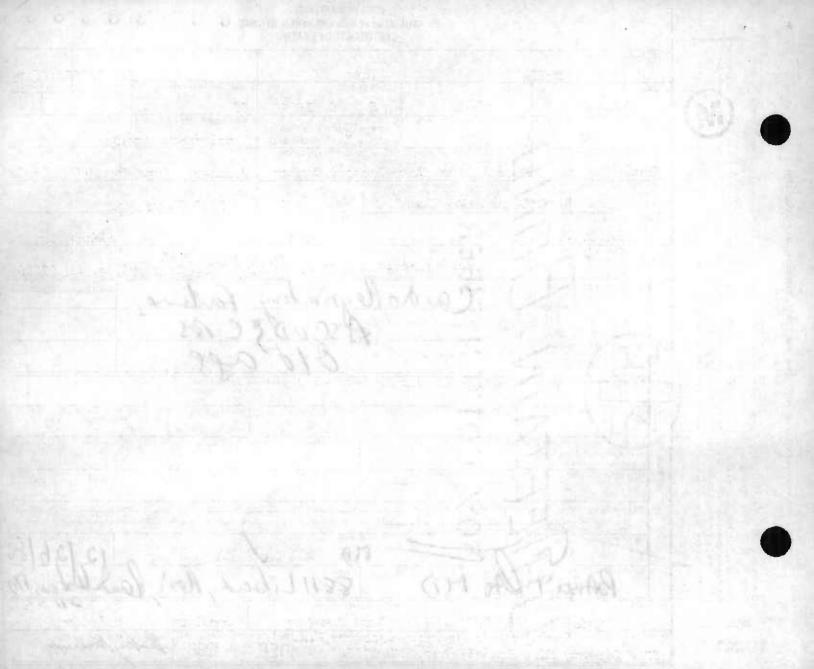
1/					RYLAND			6607		,	,	
91 - STATE REGISTRAR			ARTMENT OF H					REG. NO	U	0	0	1
T. DECEASED NAME (THE CHIMINIT)	MELVIN	MIDO	DLE	SWA	ST Z	SP	10	KNOWN ESTI-		DAY 16	YEAR 19 80	26. HOUR
Male	4 RACE 5. D		6. AGE (IN YEA LAST BIRTHDA 02 78 YR	Y) MONTHS	ER 1 YR. IF U	NDER 24 HRS.	2c. DATE PRONOUN DEAD	4CED	MONTH PL	DAY 16	YEAR SO	1810
70. BIRTHPLACE (ST FOREIGN COUNTRY) Pennsylv	ania 76.	U.S.A.	OUNTRY?	8. MARRIED	NEVER /	MARRIED		timor	-			IAA
Dundalk	OF DEATH	NAME OF HOSPITAL HENOT IN SUCH FACILITY, IS 521 Sol:	lers Poi	int R	load	FOR		PATION (TYPE		12b. Kit		SINESS
USUAL RESIDENCE 130 STATE Maryland	(IF IN NURSING HOME OR OTH 13b. COUNTY Baltin	nore Di	DENCE BEFORE ADMISSION CITY OR TOWN UNDALK	13	Id. INSIDE CITY LIA	1152 13e ST	REET ADDRE	llers	Po:	int	Roa	d
14. FATHER'S NAME FIRST ISSAC	MIC	DDLE	Swartz	1	5. MOTHER'S / FIRST FRAN		E	HODLE		-	LAST	
160 WAS DECEASED (YES, NO, OR UNKNO)	D EVER IN U.S. ARMED WN) (IF YES, GIVE WAR O	OR DATES)	SOCIAL SECURITY		Clizab	T	3521 Swa	Solle rtz-B	rs :	Poi	nt F	Rd.
Condition gave ris cause (a) lying caus PART 2 OTHER SIG	is, if any, which is to immediate stating the under- se last.  SHIFICANT CONDITIONS CONTR.	(c)	CONSEQUENCE O		R CONDITION GIVE	N IN PART 1 (a).	ular	disia	re		1 ye	aus
190 DATE OF	437 - 0 - 0 .		FOR WHICH OPERA	ATION WAS	PERFORMED	?					UTOPSY?	NOST
210. EXTERNA UNDERLYING CONTRIBUTION	CAUSE WAS OR G CAUSE OF DEAT		IRY NTH DAY YEAR	21c. HOV	V INJURY OCC	CURRED (ENTER	NATURE OF IN	JURY IN ITEM 18 P.	ART 1 OR PA			
CONTRIBUTING 21d. INJURY O WHILE AT WORK		21e PLACE OF INJ		21f LOCA STRE			CITY OR TO	WN	co	UNTY		STATE
death resulte	y that I took charge of the difference of the di	Sem 8		M.D.	Homicide   Dopu	FYL	Inquiry termined mo	onner,	DATE SIGNE	( >	-/16/ Md	180
230. BURIAL, CREMAT (SPECIFY) Burial	TION, REMOVAL 23h. D		230. NAME OF CEM Meadowr:	ETERY OR			OCATION OR TOWN	Нама	cour	NTY Ma	STA	-
24. FUNERAL DIREC	TorDuda-Rudse Avenu	ck. Inc.	lk. MD.	2122	25a. [	DATE REC'D, B	rsey Y REGISTRA 1920	Howa R 256 REGIS			ryla URE	ına

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1	1	FOR - STATE	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	ENE 8 0	3 0	6 6 2
611	I. DE	REGISTRAR CEASED NAME FIRST	WIODIE	LAST LAST	REG. NO 20. DATE OF DEATH	O. MONTH DAY YEAR	2b. HOUR
	ITYP	Roland	1 1.	TANKERSLEY		12 17 80	
M	3. SE	X	4 RACE 5. D		6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
		Mle	White 1	1-27-1910	70	YRS.	MIN.
un 72 li		Balto. M.		ARRIED ANEVER MARRIED DOWED DIVORCED	Baltimore city o	R COUNTY OF DEATH e County	M
filed with		Rossville	NAME OF HOSPITAL, NURSING HO I I HOOT IN SUCH FACILITY, GIVE STREET ADDRE FRANKLIN SQUARE	Hospital	120 USUAL OCCUPATION OF OF WORK FOR MOST OF WORK FOR MOST OF		Retine
sely tilled in 2 should be iner must be			THER INSTITUTION GIVE RESIDENCE BEFORE ADMITTED TO THE TOWN	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS	leetwood Av	
ond 2s	14 F.	Rolland L. Tan	Rensley Sn. LAST	15. MOTHER'S MAIDEN NAM	Ryan MIOOLE		LAST
Poges 1		VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF 1997)	MED FORCES? 166 SOCIAL SECURITY 215-05-264	NO. 17. INFORMANT	ADDRE	ss Ley 4007 F.	21200 leetwood
s over signed by the after sermit. Then please remove a prior to burial, cremation, s ony injury, ar ather troum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  ONDITIONS CONTRIBUTING TO DEAT	OF H BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART	DINGS USED
Hygiene 18 shows	RI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRE	YES NO NO	YES 🗌	NO 🗆
entol Hygi		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR	ED (ENIER NYTORE OF INTO	RY IN THEM 18 PART   OR PART.	2)
hond Morked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
for use of Healt		22a.1 certify that (1) (this hospit saw the deceosed olive an abave, (1) (we) (did) (did not	10-29-8019	, 19	eath occurred on the do	- 1	he couses stated
0 + 6	R .	22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAI	F	TE SIGNED
detache tote Dep		Robert	7 hay	PHYSICIAN 2	DIRECTOR   PHYSIC	IAN	119/80
should be detache with the State Dep IMPORTANT: If the		Robert & 22d PHYSICIAN'S NAME (TYPE ON ROBERT E.	RPRINT) MAY, M. D.	PHYSICIAN B		SPITAL	114100

SENSON DESCRIPTION OF THE PROPERTY OF THE PROP THE WARE OF THE RESIDENCE AND THE PARTY OF T wind the course provided the later 

-	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 U 3 U 0 C	<b>5</b> 3
1.		CEASED NAME FIRST	MIDDLE	LAST		HOUR
45	(TYPE	OR PRINT)	lle	Tate	12 24 198012	2:35
3	B. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF U	UNDER 24 HI
1		female	white	5 6 1894	86 YRS DAYS HO	DURS M
15		RTHPLACE (STATE OR FOREIGN OUNTRY)	75 CITIZEN OF WHAT COUNTRY  USA	Y? 8.  MARRIED NEVER MARRIED  WIDOWED A DIVORCED	Baltimore County  Baltimore County	
190 Tolling		ty or town of death andallstown	FIF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION SET ADDRESS) ONVALESCENT CENTER	126 USUAL OCCUPATION 126 KIND OF BU	
		TATE 113b CC	TE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 136. CITY OR TO Utimore Woodlaw	WN 1134 INSIDE CITY HAIT		
30	4 FA	THER'S NAME  Rev. C. J. 1	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE LAST Skiving	rton
medico	6a. ₩ (Y	(AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES? 16b. SOCIAL SEG. (GIVE WAR OR DATES) 166-14-6	CURITY NO. 17 INFORMANT $D_{1}$	Richard Piel (Catonsville, MD)	212
2	-	Conditions, if ony, which	101			
ny injury, or other	ATION		NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	USED
shows ony injury, or other	ERTIFICATION	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	200 AUTÓPSÝ? 20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO YES NO	
	CAL CERTIFICATION	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	196. CONDITION FOR WHICH THE PROPERTY HOUR A.M. MONTH	D DEATH BUT NOT RELATED TO THE TH OPERATION WAS PERFORMED  DAY YEAR 19	200 AUTÓPSÝ? 20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	DEATH?
	CAL	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196. CONDITION FOR WHICH THE PROPERTY HOUR A.M. MONTH	D DEATH BUT NOT RELATED TO THE  TH OPERATION WAS PERFORMED  DAY YEAR  19  211. LOCATION	200 AUTÓPSÝ? 20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO YES NO	DEATH!
		Cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this he sow the deceased alive above, (1) (we) (did), drice above, (1) (we) (did), drice	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  25spital) attended the deceased from	DDEATH BUT NOT RELATED TO THE  TH OPERATION WAS PERFORMED  DAY YEAR  19  211. LOCATION  STREET  19  , and that in (my) (our) api	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO YES NO YES NO NO YES NO	STAT
If them 21 is marked or them		Cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  WHIE SOW THE STATEMENT OF THE STATEMENT	19b. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION	DEGREE  DEATH BUT NOT RELATED TO THE STATEMENT OF THE STA	200 AUTOPSY?  200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF INCERTIFYING CAUSES OF INCE	STAT
MPORTANT: If Nem 21 is marked or them	MEDICAL	Cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this he sow the deceased alive above, (1) (we) (did), drice above, (1) (we) (did), drice	19b. CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  10b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  25spital) attended the deceased from on 19 and view the body after death.	DEATH BUT NOT RELATED TO THE  TH OPERATION WAS PERFORMED  DAY YEAR  19  21t. HOW INJURY OC  STREET  19  10  11  11  12  12  11  12  13  14  15  16  17  18  19  19  19  19  10  10  10  10  10  10	200 AUTOPSY?    200 IF YES, WERE FINDINGS   IN CERTIFYING CAUSES OF   YES   NO   YES   NO   YES   NO   YES   NO   YES   NO   YES   NO   NO   NO   NO   NO   NO   NO   N	STAT



6	1-	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 5 6  CERTIFICATE OF DEATH REG. NO.  MIDDLE LAST 120 DATE OF DEATH MONTH DAY YEAR 120 HOL								
		OR PRINT)		llian	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR		
	3 SE)		RRIE LI	TTIAU	TA Is. DATE C	YLOR	December 1		INDER I YEAR	3:00p		
uge.		emale	White			18 11917 YEAR	63	YRS.		HOURS MIN		
		ATHPLACE (STATE OR FOREIG		IN CITIZEN OF WHAT COUNTRY? A MARRIED WIDOWED DIVORCED D				BALTIMORE CITY OR COUNTY OF DEATH				
		SSVILLE 2123	7 PANE OF	HOSPITAL, NURSIN	ig HOME C	PROTHER INSTITUTION	12e USUAL OCCUPAT ITYE OF WORLFOR MOST	ION DE WORKING (IFE)	IZE KIND O	of BUSINESS OF		
35	USU/ 130 S	L RESIDENCE IN NURSING PLATE	OME OF OTHER INSTITUTION EQUATY.	GIVE RESIDENCE REFORM	1221	134 INSIDE CITY LIMITS?	13. STREET ADORESS	ltop Av	е.			
13/	14 FA	THER'S NAME	Q. Parker	LAST		IS MOTHER'S MAIDEN NA		Provow	LAS	т		
1	160 W	AS DECEASED EVER IN U	I.S. ARMED FORCES? res, GIVE WAR OR DATES)	411 10 9		C. Roy Taylo	r, Husband		ame			
	TION	underlying cause la	DUE TO, O	R AS A CONSEQUE	ENCE OF	Nucleus NOT RELATED TO THE TERM	UNAL DISEASE OR CON	NDITION GIVEN				
	CERTIFICATION				OPERATIO	N WAS PERFORMED	YES 🔯 NO	IN CERTIFYIN	G CAUSES	OF DEATH?		
	MEDICAL CI	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# EITHER, NOTIFY MEDICAL EX.	E OF DEATH HOUR A.	M. MONTH D	YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJ	JRY IN TIEM 18, PART	TORPART2)			
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
2112112		220 Lecrify that (I) (this hospital) attended the deceased from December 14, 19, 80, to December 18, 19, 80, that (I) (we) lass with educeased alive on December 18, 19, 80, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (I) (we) (idid) (idid not) view the body after death.										
		Marce	a St	rod		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	CIAN CIAN	12. DATE	SIGNER 80		
The state of the s		224 PHYSICIAN'S NAME Marci	(TYPE OR PRINT) a Good	1		9000 Frank	din Square	Drive 2	1237			
	230. B	URIAL, CREMATION, REM	12/20,	/80 Ga	rdens	emetery or crematory of Faith Ceme	234 LOCATION etery Bal	timore "	Co., N	d. STATE		
5M 1/79	24 FL Bry	zdzinski Fu	neral Home	PA 1407	Old E	astern Ave. Ut	E REC'D. BY REGISTRAF	256. REGISTRA	R'S SIGNAT	They		

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	1.	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.						0 0	0 3
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEAT		DAY YEAR	2b. HOUR
	(TYP)	CHARLES	S Edv	ward	TAYLOR		DECEMBER	30,	1980	1:10A
nst \	3 SE	X	4 RACE		S. DATE (		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
100		Male	Whi	te	01	26 1968	12	YRS	MONTHS DAYS	HOURS MIN.
911	o. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?				9 BALTIMORE CIT			
350		aryland	USA		WIDOW		DAETIMO	IKE U	UUNIY	M
58	10 €	OWSON	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET DSEPH HO	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Studen	ST OF WORKING	G LIFE) 12b. KIND C	OF BUSINESS OF
3		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ADMISSIONI					
80	1		timore	Fuller		13d. INSIDE CITY LIMITS?	130. STREET ADDRE		w Place	
Jine	14. F/	THER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NA	AME			
230			S	Tay1	or	Leslie	e F		Ande	rson
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMANT		DRESS		
medical	,	No	E WAR OR DATES	None		Leslie F.	Taylor	4 Wh	ite Law	Place
the		18. CAUSE OF DEATH (Enter pr	aly one couse per		d (c).)					IMATE INTERVAL ONSET AND DEATH
vent		PART I. DEATH WAS CAUSE	D BY:			ATORY FAILU	IDE		OCTANGE IN	DINSET AND DEATH
tic e		22 4 D				FFMAN DISEA				
nun nun	- 18	Conditions, if ony, which								
r tra		gove rise to immediate couse (a), stating the								
or othe		underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
10'		PART 2. OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT PELATED TO THE TERM	MINAL DISEASE OF C	ONDITION	IVEN IN DART 10	
njou	NO					THE TENT	THE DISEASE ON C.	5145111014	SIVE IN PART (II	
ony	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN	
306	TIFIC						YES NO		TIFYING CAUSES YES T	OF DEATH?
tem 18 sh	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR				1.0
m 7	CAL	OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	YEAR	1000				
or H	MEDIC	216. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
ked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR	TOWN	COUNTY	STATE
mor			tal) attended th	e decensed from	Dec	28 19.80	to Dec 3	0	. 19.80	that ( <b>K</b> (we) los
5		220.1 certify that (1) (this haspi saw the deceased alive on above, (X (we) (did) (AdX)	Dec	30 198	0	nd that in (my) (our) opinion				couses stated
em 2		obove, (X (we) (did) (XdXa) 22b. SIGNATURE	view the body	ofter death.		DEGREE M. D.			22c. DATE	
Tr. If H		Sinna	rwalla	3. A		ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗹	ZZE. DATE	SIGNED
with the State D		226. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS				
With the State						St. Josej	phs Hospi	tāl		
≥	23o. E	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	200	OLINITY	CTATE
T 1	1	Burial	1/2,	/81 Pa	rkwo	od Cemetery	y Parkvil	Te B	altimor	e Md.
/73	24. FI	INERAL DIRECTOR		ADDRESS	30.00	250 DA	N 1 2 1981		FERAN'S SIGNAT	
)	L	assahn Funer	al Home	e 7401	Be1a	ir Road JA	N 1 2 1981	gray	THE	Andley

STATE OF MARYLAND

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N	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 0 3	0667
nay be poge 3 r deoth	1. DECEASED NAME (TYPE OR PRINT) LA	wrence Vincent	Taylor	20 DATE OF DEATH MONTH	13 80 26. HOUR 6:30p M
mo.	3. SEX Male	RACE White	5. DATE OF BIRTH  5. DATE OF BIRTH  4. 1912	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	7a BIRTHPLACE (STATE OR FOREIGH COUNTRY) California	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NORCED NORCED	9 BALTIMORE CITY OR COUN Baltimore Cou	
or the soften	M. CITY OR TOWN OF DEATH  Catonsville		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sulpician Prie	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 136 CITY OR TOWN Mountais!	AOMISSION) 13d INSIDE CITY LIMITS? View YES NO	St. Joseph Hig	
maryt.	14. FATHER'S NAME FIRST  Edwin	F. Taylor	15. MOTHER'S MAIDEN NA FIRST Edith	$\mathbf{L}_{ullet}$	Davidson
be execut on ond co	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) NO UNKNOWN	S ARMED FORCES? 166 SOCIAL SECU S, GIVE WAR OR DATES) 571-72-		ADDRESS e 601 Maiden Ch	oice Lane
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rathending physician.  The this certificate has been signed by the attending physician and completely filled in by the burial-transit permit. Then please remove corbonopaers. Pages 1 and 2 should be fill to an Amental Hygiene prior to burial, cremation, ar removal.  The provided or them 18 shows any injury, ar other traumatic event, the medical examiner must be in the contract of the provided or them.	Conditions, if ony, whi gove rise to immedia couse (o), stating to underlying couse la	DUE TO, OR AS A CONSEQUE	fow death -  NCE OF Engine - s	Hong stands	Burf
TAL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYII		OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
VISION OF VITA  G PHYSICIAN: T offending physici er this certificate set the certificate ond Mentol Hyg ked or frem 18 sh	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH HOUR A.M. MONTH DAMINER)  P.M.  21e PLACE OF INJURY	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	COUNTY STATE
AL OR ATTEND the hospital or AL DIRECTOR: A AL DIRECTOR: Of the Dept. of Head	22a I certify that (I) (this saw the deceased all above, (I) (we) (did) (	hospital) oftended the deceased from the decease	DEGREE  ATTENDING PHYSICIAN	death occurred on the date and h	. 19, that (1) (we) lost
O HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Store I MAPORTANT: II		Y ANKUDAS	110 Maide	n Choice La	Boeto eur
BP	230 BURIAL, CREMATION, REMI (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY St Charles	23d LOCATION CITYORTOWN  Catonsville	
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUNERAL DIRECTOR Leonard J F	cuck Inc. Baltimore	, Maryland DE	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

Volume 10 L

INCRET OF THE ST	antest.	desputy party	
na stor			
Taning a port of far			_MATERIAL TO
He Brain material	nit termed	e 7 st 90s	-ffi-nas-0
Tooled Wall Seeset . 2	101	· Calmis.	arentilab
nachimad			12.0
A SECTION OF THE PROPERTY OF T	.48 BITT		

should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

polified

1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	3 0	6	6	8	
DE	CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DE	ATH MONT	H DAY	YEAR	26 HO	JR	
,,,,		Ralph		W.	Tay	lor	Decembe	er 12,	1980	)	150	м	
SE	x	Terror	4 RACE		5. DATE C		6 AGE (IN YEARS		IF UND	DER I YEAR	IF UNDER		
	Male		Whi	te	Augu		67		YRS MONTH	S DAYS	HOURS	MIN.	
	RTHPLACE (STATE COUNTRY)	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
W.	Virgini		United	States	WIDOWE		Balti	more	Count	У.		MD.	
11. NAME OF HOSPITAL, NURSING HOME  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  7835 Baltimore St						DR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Barber		KING LIFET IN	Barb		ESS OR	
13a S	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AI JA STATE 136 COUNTY 136 CITY OR TOWN LARYLAND BALTIMORE					13d, INSIDE CITY LIMITS? YES NO A	13e STREET ADD	RESS Baltin	ore S	t.			
4. FA	THER'S NAME	A	AIDDLE	LAST		15 MOTHER'S MAIDEN NAM		IDDLE	III k	LAS	ST.		
	John		-	Taylor		Virginia		-	Co	chra	n		
6a. V	VAS DECEASED EV (ES, NO OR UNKNOWN) (C) S	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS					
Yes   WW II   232-22-2082						Dora Taylor	7835 B	altimo	re S	t.	IMATE INTE		
	Conditions, if o gove rise to i cause (a), sta underlying cou	ny, which mmediate iting the	(b)_	OR AS A CONSEQUE	OSC	LEROTIC	HEAR	Dis	EASC	Orașă.			
TION			HRONI	C DBS	RU	NOT RELATED TO THE TERM	JEMON	JAR.	Y L	)15E	AS		
CERTIFICATION	19a. DATE OF OPER	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES N	Y? 20b.	IF YES, WER CERTIFYING YES [	E FINDIN CAUSES	NGS USE OF DEA NO [	TH?	
	210. ACCIDENT WAS LONG CONTRIBUTING [	CAUSE OF DEA		DF INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN IT	EM 18, PART 1 O	R PART 2)			
MEDICAL	WHILE NOT AT WORK	JRRED WHILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CIT	YORTOWN	cc	YTAUC	s	TATE	
				e deceased from		, 19	, to						
	sow the dece obove, (I) (we	osed plive par (did) (did her	view the body	efter death	, or	nd that in (my) (our) opinion o	death accurred a	n the date an	d hour and	from the	couses st	oted	
	226. SIGNATURE	1/10	- de	we _	I	DEGREE				2c. DATE			
	15	TOPE	1		/	9.D. ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [		Dec.	12,19	980	
	224 PHISICIANS	1 1 1 1	PRINT]			22e. ADDRESS							
	C.V.	J. VE	RGH	ESE		Ft. Howard	Veteran	s Hosp	ital				

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

24 FUNERAL DIRECTOR & Zeiler Inc. 1901 Eastern Ave. (Balt.)

Burial

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Dec.16,1980

23c. NAME OF CEMETERY OR CREMATORY Morning Side Cemetery

Renick, W. Virginia

model who were resolved about many 10192. E. re-Carte Date L. P. . Loi Ha. the first of the control of the cont

0 /		FOR					OF MARYLAND		63	mij	0 /	
27	1	- STATE REGISTRAR			DEPART		EALTH AND MENTAL H	IYGIENE C	REG. NO	3	0 0	0 5
		CEASED NAME	FIRST		MIDDLE	L	AST	2e DATE OF	DEATH #	ONTH DAY	Y YEAR	26. HOUR
	1		deline			Te	ano			12 - 7	- 80	JTO PM
(mm)	3 SE			4 RACE		5 DATE C	F BIRTH	& AGE (IN YE	ARS LAST BIRTH			IF UNDER 24 HRS
FRAIL		FEMALE		WHIT	Ε	MONTH 8	9 02		78	YRS.	NTHS DAYS	HOURS MIN
~	7a. B	IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTYO	FDEATH	
35		Maryland	1.64.1	us	A	WIDOWE			mora (	County		MD
50.	10 0	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL C	CCUPATIO	N	17h. KIND OF INDUSTRY	BUSINESS OR
#70	10	atonsvill	е		Nursing			Homem		WORKING (WE)	Homa	
500	USU	AL RESIDENCE (# NO		OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS					
35	-	MD		imore	Catonsvi		YES NO X			Raven I	Blvd.	21239
вха	14. F	ATHER'S NAME	- 12 U.				15. MOTHER'S MAIDEN					21202
232	1	ohn First	,	G.	Bail		Johanna		K.		Bechn	nan
med	16a 1	WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	S	5551111	
the 1	{	YES, NO OR UNKNOWN)	(# YES, GIVE	WAR OR DATES)	220-46-5	445	Mary C. Di	eter 562	8 Lock	Rave	n Blvd.	21239
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ther		Conditions, if or gave rise to in	nmediate	(b)_	1130	y comme			-			
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ws an	CERTIFICATION	19a DATE OF OPER	ATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO	PSY?	206. IF YES. V	WERE FINDING	SS USED .
shows	문								_	IN CERTIFYI	NG CAUSES C	
∞ —	ERT	21a. ACCIDENT WAS U	NDERLYING F	216. TIME C	F IN JURY	-	21c HOW INJURY OCC	LIRRED CENTERNA	NO	YES		NO []
E (		OR CONTRIBUTING	CAUSE OF DEA		M. MONTH D			(3				
5	MEDICAL	(IF EITHER, NOTIFY MED 214 INJURY OCCU			M. OF INJURY	19	ZII LOCATION					
Z A	MEC	WHILE NOT	WHILE [	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	4	COUNTY	STATE
E		AT WORK	Y O K K			-	0	77	-7	01	80	
21 is		22a I certify that		army /	e deceased from_	80	19 -	10	10	. 19		hat (1) (we) last
E			(did) (did no	t) view the body	ofter death.	, or	nd that in (my) (our) opini	on death occurre	on the do	le and hour o		
=		226 SIGNATURE		7	Ross		M ATTENDING	KEDICAL	STAF		22c. DATE S	IGNED 6
<u> </u>		20	mu		79770	_ /	PHYSICIAN	MEDICAL	PHYSICI	AN 🗆	1/2	17/8
ATA		224 PHYSICIAN'S	NAME (TYPE O	R PRINT)			220 ADDRESS			1 11/2	TI A	124
MPORTANT		1	it,	10	Wt		413-6	omm	onw	tar	-11	
2	23a	BURIAL, CREMATION	N, REMOVAL	23b. DATE	23 € 1	NAME OF C	EMETERY OR CREMATOR	RY 234 LOCA	TION		OUNTY 21	2,7,8
EIN		Burial		12/10	/80 Ne	w Cat	thedral	Balt	imora			MD
25M	24. F	UNERAL DIRECTOR	Witzke	Funara	1 Home. of	Cato	onsville 25e.C	DATE REC'D. BY R	GISTRAR 2	Sh. REGISTA	AR'S SIGNALU	REA
6 25IVI		MAME				- 1		m m * *	toon.	de	1984/5	OCHANNY.

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(VRA 15, 4) 1/79

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME 7h HOUR (TYPE OR PRINT) 10:35<sub>pv</sub> December 6. 1980 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Homemaking 13e STREET ADDRESS 232 Endsleigh Avenue MIDDLE Knox ADDRESS 214-26-4661 Donald E. Thebarge 232 Endsleigh Ave. APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Alcoholic liver disease, multiple petechiae, stomach, abdominal and right pleural ascites. Bilateral bronchopneumonia. Right pulmonary atelectasis. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/ 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE December 10 80 and that in (nx) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN Dec. 6. 1980 9000 Franklin Square Drive 21237 23d LOCATION Pikesville Baltimore Md. Burial 12/10/80 Druid Ridge Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUSE DEC 1 2 1980

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

SERVICE AND STREET AND STREET

2 Value Discourse of the state with the same of the latter to the two the trick to be a first to the second of the treams bond a new 1-01 into N.CES. M. ALEBERTO. Christoff . M. Michael . . . MIDDLE

FOR

I. DECEASED NAME

REGISTRAR

- STATE

(VRA 15. 4)

Baltimore County 12b. KIND OF BUSINESS OR INDUSTRY Railroad TYPE OF WORK FOR MOST OF WORKING LIFE 117 Kinship Rd. 21222 Price 46 Broadship Road Dundalk, Md. 21222 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE saw the deceased alive on December 29 19 80 , and that in (mg) (our) opinion death occurred on the date and hour and from the causes stated above, X1 (we) (did) X1 XX view the bady after death. 22c. DATE SIGNED Dec. 29, 1980 DIRECTOR PHYSICIAN 9000 Franklin Square Drive, Balto. M.D. Burial CITY OR TOWN Balto Md STATE 1/2/1981 Poplar Grove Cemetery Warren 24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Walter Brooks Bradley Inc Dundalk Md 21222

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG NO

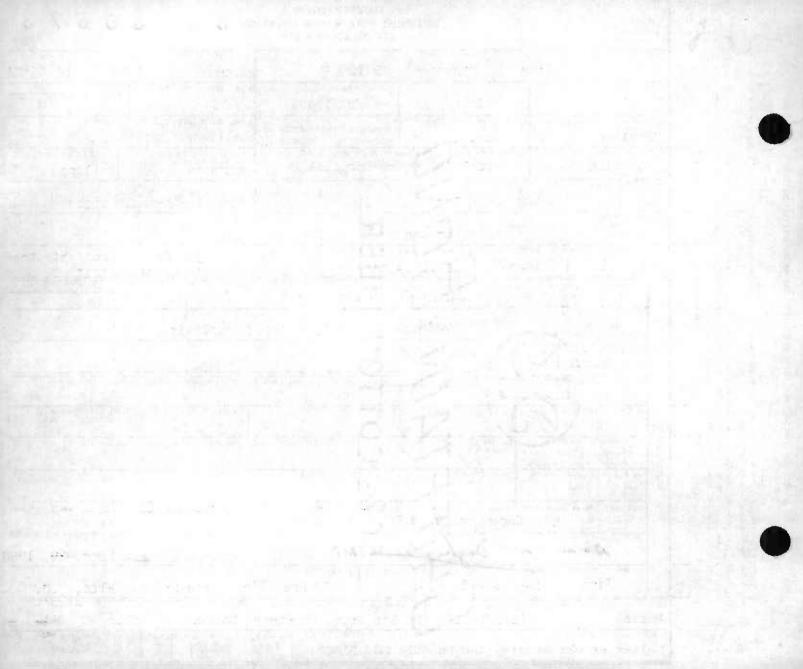
MONTH

2b. HOUR

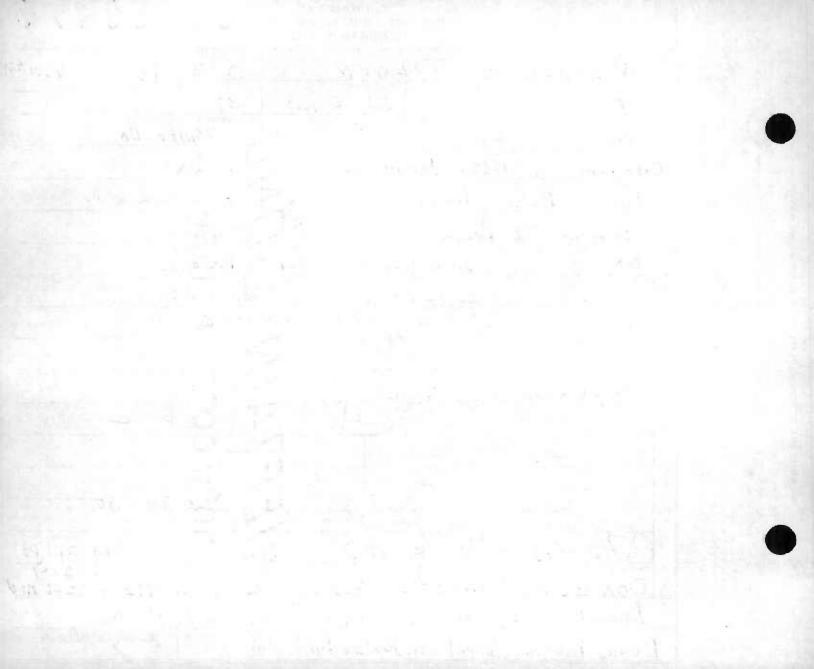
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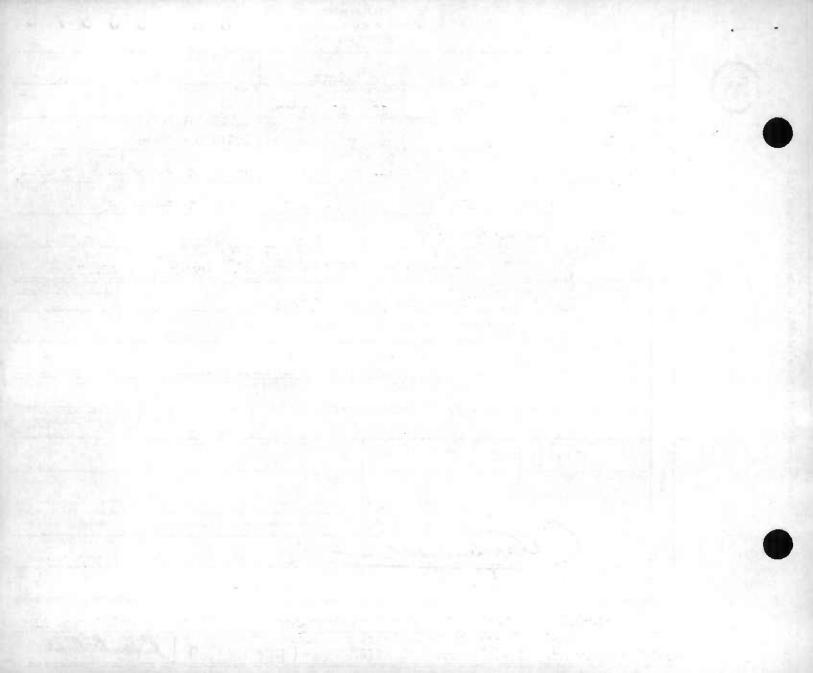
IF UNDER I YEAR

2a. DATE OF DEATH

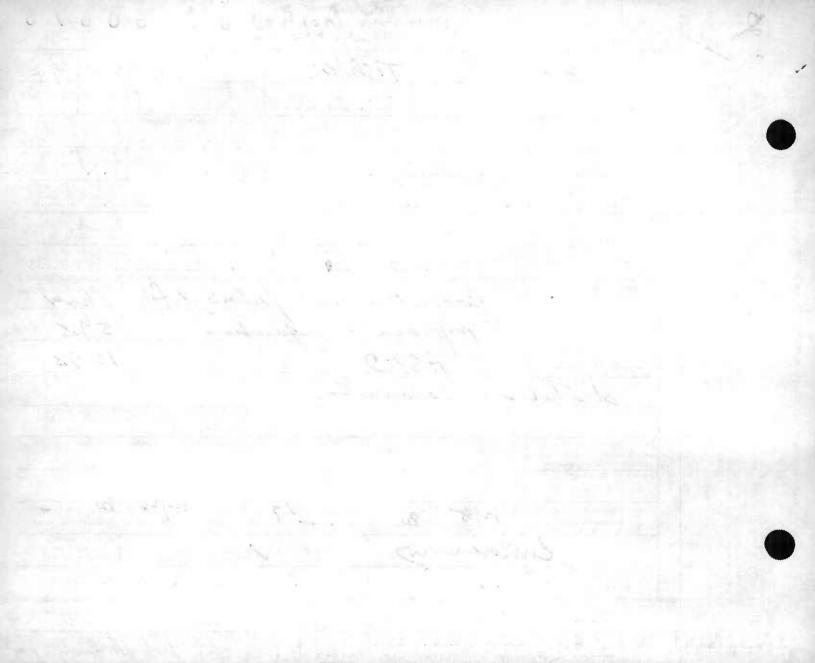


20		1 -	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		30674
te 4 may be	)		EASED NAME FIRST ORPRIMILORE	DE T	5. DATE OF BIRTH JONIY 2 1623	20 DATE OF DEATH  12 29  6 AGE INVERSIASIBLE  R	MONTH DAY YEAR 26. HOUR
ter death. Pog he funeral dire within 72 hour fied of ance.	35	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  A)  TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY  USH  11. NAME OF HOSPITAL NURS	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Bal	ROUNTY OF DEATH
by the	00	C	IEN ARM	(IF NOT IN SUCH FACILITY, GIVENTRE	AHOR RU	N 120. USUAL OCCUPATI (14PE OF WORL FOR MOST O	ON 12b. KIND OF BUSINESS OR INDUSTRY
hin 24 hau sly filled in should be in	35	13a S	NW 131		PRA 13d. INSIDE CITY LIMI	11634	MANOR RU
amplete	130		THER'S NAME	W BOWER LAST		IA BOWLING	
cate be executed by sicion and compers. Pages 1 val.	1			MED FORCES? 166 SOCIAL SEC TE WAR OR DATES) 216 76 -		mily Rácori	
TRECORDS, 201 W. TRESTON ST., BAR ne low requires that the death certificate an. persist the please remove carbon paper permit. Then please remove carbon paper ne prior to burial, cremation, or removal. ows any injury, or other traumatic event, th	2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	une 1)	UENCE OF E and	ETERMINAL DISEASE OR GON  200 AUTOPSY?  YES NOT	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO TO
INTIBION OF VITAL RECORDS,  TAL OR ATTENDING PHYSICIAN: The law requir y the haspital or attending physician.  At DIRECTOR, After this certificate has been sig detached far use as the burial-trasit permit. Then are Deept, at Health and Mental Hygene prior to be VIT: If them 21 is marked or them 18 shows any injury	9	MEDICAL CERT	sow the deceased alive on the control of the contro	P.M.  21e PLACE OF INJURY INTHOME, STREET, FACTORY, OFFICE  tol) attended the deceased from  19	DAY YEAR  19 21f LOCATION STREET  19 , ond that in (my) (our) of DEGREE	CCURRED (ENTER NATURE OF INJU	wn COUNTY STATE  The ond hour and from the couses stated  22t. DATE SIGNED
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECT Should be described with the State Depriment.	1		DONATO W URING CREMATION, REMOVAL SPECIFICATION OF THE OWNERS OF THE O	1. MINTER	12% ADDRESS  BOO 9 EN  NAME OF CEMETERY ON CREMAT  PARKWOOD LEM	VERGREGA TORY 23d LOCATION 1 CHISTON 1 SPITS	AVE BALTUM GO MID STATE
DHMH-16 30M 2/80 (VRA 15, 4)		24 FU	HERALDIRECTOR FUNDER	en   Chapit 88		SO, DATE REC'D. BY REDISTRAR	25b. RESTSTERATS STORE OF PERSONS





1	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 U	<u>ئ</u>	Uo	, 0
6		CEASED NAME FIRST		MIDDLE	L	AST A	20. DATE OF DEATH		AY YEAR	2b. HOUR
e th	(TYPE	ORPRINT)	1		TIS	solen		12 1	2680	9 A
	3. SE	X	4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HR
信用(推)		MALE	WHITE	Е	AUG	G. 22, 1914	66	YRS.	ONTHS DAYS	HOURS MIN
Pan II	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		MARYLAND	USA	A	WIDOWE		BALTIMOR	E COUN	TY	
by the fued within		ANDALLSTOWN	11. NAME OF HENOT IN SUC 8812	HOSPITAL, NURSIN CHFACILITY, GIVE STREET 2 STEPHAN	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MAIL CARR	ION DE WORKING LIFE IER	126 KIND O INDUSTRY U.S.F	FBUSINESS C
uld be fil	USU. 13a S	AL RESIDENCE (IF NURSING HOME COLORS TATE 136, COLORS EN TRANSPORTED TO THE PROPERTY OF THE PR	RETHER INSTITUTION INTY	136. CITY OR TOW RANDAL	LSTOWI	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 8812 STE	PHANIE	RD. #	21133
nd 2 sho	14. FA	THER'S NAME FIRST SAMUEL	WIDDLE	TISĤĽER		15. MOTHER'S MAIDEN NAM DOROTHY		- A	SNYĎĚ	R
ages ages the r	16a V	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (16 YES GO YES WWII	RMED FORCES? YE WAR OR DATES)	564-07-		17 INFORMANT MR. 821 <b>9</b> BRATTLE		BLER DALLST	OWN, ME	21133
ysiciar pers. P oval. event,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per	lipejar (a), (b), an	dicti	1 . 1	///	PI	BETWEEN	MATE INTERVAL
		PARTI. DEATH WAS CAUS	TE CAUSE (o)	Conge	the	- plant for	uline. V	.46	1/2	may
ending ph carbon pa on, or rem traumatic		4100	DUE TO, O	R AS A CONSEQUE	NCE OF	. 1	1 .		E-4	1
the atte		Canditions, if any, which	(b)	Induce	use	w man	esur		3 /	8
5 0 6		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSTOUR	NCEO!				10	ns
en signed t Then please r to burial ny injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	SATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVI	EN IN PART 110	) (
permit. liene prio	CERTIFICATION	19a DATE OF OPERATION	1%. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	OF DE ATH?
After this certificate he st the burial-transit pern th and Mental Hygiene marked or Item 18 sho		?10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	OF INJURY .M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	ED JENTER NATURE OF INJU	IRY IN ITEM 18, PA	ART 1 OR PART 2)	
buria d Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	- ''	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
Afte the than mark	¥	WHILE NOT WHILE AT WORK	(A) HOME, SI	REEL, PACIONT, OFFICE, P	mam, ETC J		C 7 OK 10	1		3,416
OR: use at Healt 11 is 1		220 I certify that (I) (this hasp	/7	ne decarred from		19.79		2-126	19 12	that (I) (=) li
for tof t. of tem 2		saw the deceased alive a abave, (1) (we) (did) (did n	at) view the bady			d that in (my) ( <del>per) apinion a</del>	leath accurred an the c	ate and hour		
ERAL DIR s detached State Depi ANT: If It		172b. SIGNATURE	Luves	enn	D	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	12/2	26/80
TO FUNERAL DIRE should be detached for with the State Dept. IMPORTANT: If Item	n	224 PHYSICIAN'S NAME LITTE STANLEY ROS	SEN, M.D			2432 W. BEI	LVEDERE AVE	. BA	LTO., N	4D
she will will be a she will be	23a. 1	BURIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		DOKIAL	12/28		IZUK	AMUNO (ARLINGTO	ON) BAILTIMO	RF	MARYI	
MH-16 25M	24. FI	UNERAL DIRECTOR SOL I	LEVINSON	& BROS.,	INC.	25a. DATE	REC'D. BY REGISTRAF			
15, 4) 1/79	-	6010 REISTERS		BALTO		21215 DEC	31 1980	borolan	ymoun	ady

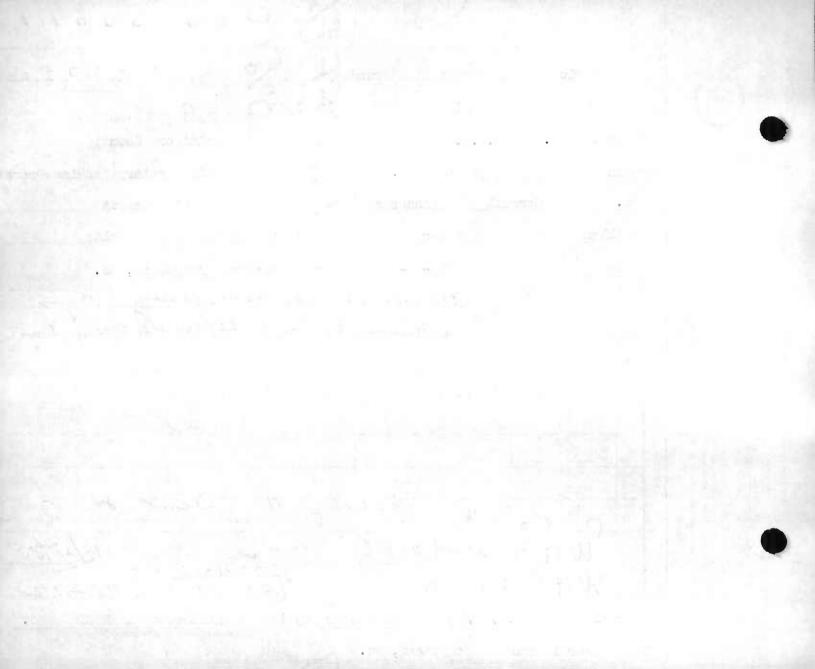


Supervisor Fed. Covit. Marylans Balto. Towards. 1700 Marisons Drive Tracey Catherine Office - Michael - -Yes WW I 146 10 6805 Elliss M. Tracey Balto., Md. Burist T 80 Durancy Lilley Latto, Courty. Henry W. Junkins & Sons Co. 100 York Road Balto., Avd. 1122 21212 Hold 1986

FOR 1 - STAT REG		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 0 43	8653/8
I. DECEASE (TYPE OR PRIN	STANLE	Y Eugene	TRACEY	12	4 80 7:09 M
3. SEX	MALE	RACE WHITE	5. DATE OF BIRTH  MONTH  DAY  1 11 09	71 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
COUNTRY		USA	MARRIED NEVER MARRIED C	9. BALTIMORE CITY OR COUNTY	
= -0	TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION SET ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Watchman	12b. KIND OF BUSINESS OR INDUSTRY Railroad
MAR'  14. FATHER	YLAND BA	LTO. COCKEY	WN 13d. INSIDE CITY LIMITS?	21 BOSLEY AVE	Cockeysville
9 1 160. WAS DI	ECEASED EVER IN U.S. ARME ORUNKNOWN) (IF YES, GIVE W	AP OP DATES)	CURITY NO. 17 INFORMANT 3-4362 Melvin E.	Tracey, 10908 Pe	owers Ave.
DALL DALL ON THE TRO	ditions, if any, which re rise to immediate se (a), stating the erlying couse last.  1.2. OTHER SIGNIFICANT CO			20a. AUTÖPSY? 20b. IF YES,	EN IN PART 1(a)  WERE FINDINGS USED (ING CAUSES OF DEATH?
- OD C	ACCIDENT WAS UNDERLYING ON TRIBUTING OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		YES NO YES  URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	
	NJUSY OF CURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	231. LOCATION STREET	CITY OR TOWN	COUNTY STATE
T: If them 21 is	certify that (1) this hospital have the deceased when display (1) did (1) the entity of the entity o	Kifus	DEGREE	an death accurred an the date and hour	19 Am, that ((we) ast and from the causes stated  22c. DATE SIGNED
(SPECIFY			L IN NAME OF CEMETERY OR CREMATOR Jessops Cemetery	Y 23d LOCATION CITY OR TOWN Sparks, Mary	COUNTY STATE
J. H	STORECTOR II Kin	mmon, 10 W.	25a. D	ATE REC'D, BY REGISTRAR 256, REGISTI	

DESCRIPTION TO THE PARTY OF TAXABLE PRODUCTS. A STATE OF THE STA E. DAN LE MARTINE, IN W. T. WORLD VOT. | DEC S SEE PARKERS

1	1					E OF MARYLAND	65 CS	on 0 /	and the
7	1.	FOR  STATE  REGISTRAR		DEPART		EALTH AND MENTAL HYG		3 0 0	1 4
	1 DE	CEASED NAME FIRST		WIOOFE		AST	REG NO  20 DATE OF DEATH MON	TH OAY YEAR	2b HOUR
be oth	{1YP	Dessie	A m	anda	man =	d	12	28 1980	7 0 "
11/11	3. SE		4 RACE	aura	Trea 5 DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
(	40	Female	To P	nite	MONT	12 1903	77	YRS OAYS	HOURS MIN
1 1		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		BALTIMORE CITY OR CO		
4 TE 17		alford, Tenn.	U.S.	۸ .	WIDOWI	D NEVER MARRIED U	Baltimore	Country	MD.
the feet		ITY OR TOWN OF DEATH	11. NAME OF		G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOI	12b KIND OF	BUSINESS OR
	T	owson		Holdn Rd				tory Machir	ne Operat
ND 212	USU 13a	AL RESIDENCE (IF NURSING HOW)	OF ER INSTITUTION	GIVE RESIDENCE BEFOR	E AOMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		in operin
AND 2 filled nould b	2		arroll	Manche		YES NO		Street	
RYLA within with	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		LAST	
E, MARN	0	Allan		Kyker	1.0	Anna		Salts	
MORE, nond co. Pages Imedicol	160.	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMANT	ADDRESS		
TIM be e s. Pa	4	no		215-07-	1592	Everett Trea	dway Hampste		NATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN The low requires that the death certificate be executed within 24 hours of optending physicion.  Ifter this certificate has been signed by the offending physicion and completely filled in by as the buriol-transit permit. Then please remove corbanopers. Pages 1 and 2 should be filled in by and Membil Hygene prior to buriol, cremation, or removal.  In and Membil Hygene prior to buriol, cremation, or removal.	7	Conditions, if ony, which gave rise to immediate couse (0), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT	{ DUE TO, O	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO 1	ENCE OF			or Research DN GIVEN IN PART 110	5 yr
TAL RECORD: The low required. In the box been six permit. The gignen print. The sylphery shows ony injury.	CERTIFICATION	196 DATE OF OPERATION			OPERATIO	nced Orles	200. AUTOPSY? 200 YES NO.	IF YES, WERE FINDING CERTIFYING CAUSES O YES [	GS USED OF DEATH?
N OF VITA  SICIAN TH ng physicic certificate unol-tronsit frem 18 sho	7	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	EATH HOUR A.	M. MONTH D		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	(EM 18 PART 1 OR PART 2)	
DING PHYSICIA or ottending p After this certifice os the buriol- oith and Mental marked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE		19 FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDIN e hospitol or DIRECTOR, Af oched for use o Dept. of Health		22a.t certify that (II) this hasp sow the discosed alive or obove (II) we) (did) (did no 22b SIGNATURE	m plec 16	19 8	2.0	nd that in (my) (our) opinion	death occurred on the date o		
75 750 -		WIF	Trow	rd m	)	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	_ 12/2	8/20
TO HOSPITAL etoined by the TO FUNERAL should be deturned by with the Store with the Store than 1919.		WHF	OATL	MO		MA	vcheste	Ful2,	1102
F 2	23a	BURIAL, CREMATION, REMOVA SPECIFY) Burial	12/30			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		DUTIAL UNERAL DIRECTOR	12/30/	M M	anche	ster Baptist	Mancheste:		Md.
DHMH - 16 60M 1/75 (VR A 15 (4))		line Funeral Ho	ome I	ADDRESS Tampstead	. Md .	JIAN	5 1981	infray / Ches	



	V	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 0	3	0 8	5 8 0
raf		1. DEC	CEASED NAME OR PRINTI	MIKHAIL	Mill	hai	ULITSKY	20. DATE OF DEATH	MONTH DA	Y YEAR	21. HOUR 35
1 Can	1	3 SE	MALE	WHIT	Е	5 DATE C	DAY YEAR 23	6 AGE (IN YEARS LAST BE		UNDER I YEAR	
T.	4	7a. Bli	RTHPLACE (STATE OR FOREIG	76 CITIZEN OF USA	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY O		
by the fu ed within	55	,10 CI	RANDALLSTO	19 POT IN SI	HOSPITAL, NURSIN	IG HOME	PROTHER INSTITUTION	26 USUAL OCCUPA TYPE OF WORK FOR MOST ELECTRICI	TION OF WORKING LIFE)	126. KIND I	OF BUSINESS OR LECTRICAL
tely filled in should be fill examiner mu	5	130 S M		BALTO.	BALTO.		YES NO XX	NE .		APT.	D #21207
and 2	50	14- 14	ISAAC	MIDDLE	ULITSK		HANNAH		265 202	RASHK	
Pages 1				YES, GIVE WAR OR DATES	217-92-		1330 REISTERS	EW BURIA™ STOWN RD.	BALTO.		SOCIETY 21208
as been signed by the attend mit. Then please remove car e prior to burial, cremation, lows any injury, or other tra	2	CERTIFICATION	underlying cause lo	ich offe the open offe the ope		ENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CO	20b. IF YES,	WERE FIND	DINGS USED
ysician. ertificate litransit per tal Hygien Item 18 sh	4	-	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	OF DEATH HOUR	OF INJURY		21c HOW INJURY OCCURR	YES NO W	YES		NO []
After this c the burial- h and Men narked or		MEDICAL	(IF EITHER, NOTIFY MEDICAL EX.  214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	P.M. E OF INJURY street, factory, office, f	ARM, ETC.I	211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
by the hospital or at EERAL DIRECTOR: se detached for use as State Dept. of Healt			22s I certify that (I) (this	1 400 /	23 19	,	nd that in (my) (war) opinion of DEGREE  ATTENDING PHYSICIAN [	MEDICAL ST	AFF -		that (1) (may) last the causes stated (E SIGNED)
TO FUNI should be with the		220 0	ANDREW		Carcour		BRADY	6 DEF	OF OF	UROL	DGYJHE
BP		(5	URIAL, CREMATION, REM BURIA		and the second		ORE HEBREW	BALTI	The same of the sa	MAF	RYLAND
DHMH-16 25M (VRA 15, 4) 1/7		24. FL	INERAL DIRECTOR SO	L LEVINSON	& BRUS.,	INC	DEI	C 1 1 1980	PISA NEGITA	JAN.	Orendy

the same of the sa

X		1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 6 8 1  CERTIFICATE OF DEATH  REG. NO.
	and Amon he	3 SE	F	e Marie UPP 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR P 9. M  4 RACE  S. DATE OF BIRTH  MONTH  DAY  16 AGE (IN YEARS LAST BIRTHOAY)  YRS.  16 AGE  YRS.  17 YRS.
- F	offer death. Pr		RTHPLACE (STAYE OR FOREIGN COUNTRY)  M  TYPER TOWN OF DEATH  OWSON	76 CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH  WIDOWED DIVORCED DIVORCED 126. KIND OF BUSINESS OR (IF NOT A SUCH FAGILITY GIVE STREET APPRESS)  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF POST FOR MOST OF WORKFOR MOST OF WORKF
MARYLAND 212	ed within 24 normpletely filled in and 2 should be examiner must be	13a. 3	THER'S NAME /	OTHER INSTITUTION GIVE REPORCE BEFORE ADMISSIONS
TIMORE, I	Pages P		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR NUMBOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212-01-9614 Family Records
RDS, 201 W. PRESTON ST., BAI	equires that the death certificate be signed by the ottending physicia. Then please remove corbonpapers to burial, cremotion, ar removal.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
AL RECOI	hos been prior ene prior ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
DIVISION OF VITAL	The buriol-from the buriol-from and Mental Hygie ed or frem 18 s	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. MUNURY OCCURRED  WHILE OOTWINE AT WORK	TH HOUR A.M. MONTH DAY YEAR
	HOSPITAL OR ATTEN sined by the hospital FUNERAL DIRECTOR: build be detached for us thin Stote Dept. of the PORTANT: If them 21 is			DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR
	BP		CREMATION, REMOVAL	12/0/80 DULANCY VALLEY CITY OF COUNTY MALTA COUNTY MALTA
C	OHMH-16 30M 2/80 (VRA 15, 4)	24. F	VAHS TUHERAL	Chapel 8800 Has Ford & DEC 10 1980

1666 MEHRENOTTE MANDER Of . + + 5 years F1813 12-9-88

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

6 AGE LIN YEARS LAST BIRTHDAY)

12

REG. NO

20 DATE OF DEATH

13e STREET ADDRESS

17 80 IF UNDER I YEAR

76 HOUR

IF UNDER 24 HRS

8

TYPE OR PRINT Stanley 4 RACE Male 70. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY?

MD

CITY OR TOWN OF DEATH

Randallstown

MD

Russell White

Baltimore

5. DATE OF BIRTH 1924

Uppercue

WIDOWED

MARRIED XX NEVER MARRIED

DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12h KIND OF BUSINESS OR

Grand Secretary

Grand Lodge 3424 Abbie Place

Shipley

4 FATHER'S NAME Luther

Yes

13n STATE

- STATE

3 SEX

REGISTRAR

DECEASED NAME

George IN U.S. ARMED FORCES LIF YES GIVE WAR OR DATES!

Baltimore

WW

MIDDLE

U.S.A.

Uppercue 166 SOCIAL SECURITY NO 219-18-5497

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Baltimore County General Hospital

Nellie 17. INFORMANT

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

3424 Abbie Place, Baltimore, MD

MIDDLE

 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NOT

IN CERTIFYING CAUSES OF DEATH? NO IT 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED NOT WHILE

71g. ACCIDENT WAS UNDERLYING

P.M 21e. PLACE OF INJURY AT HOME. STREET, FACTORY OFFICE FARM ETC.)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

211 LOCATION

CITY OR TOWN

COUNTY STATE

sow the deceased alive an 2 / above, (1) (we) ided) (did not view the body)

DEGREE

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

23a. BURIAL, CREMATION, REMOVAL

256. DATE

23c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery

77e. ADDRES

Westminster

Carroll

MD

DHMH-16 30M 2/80

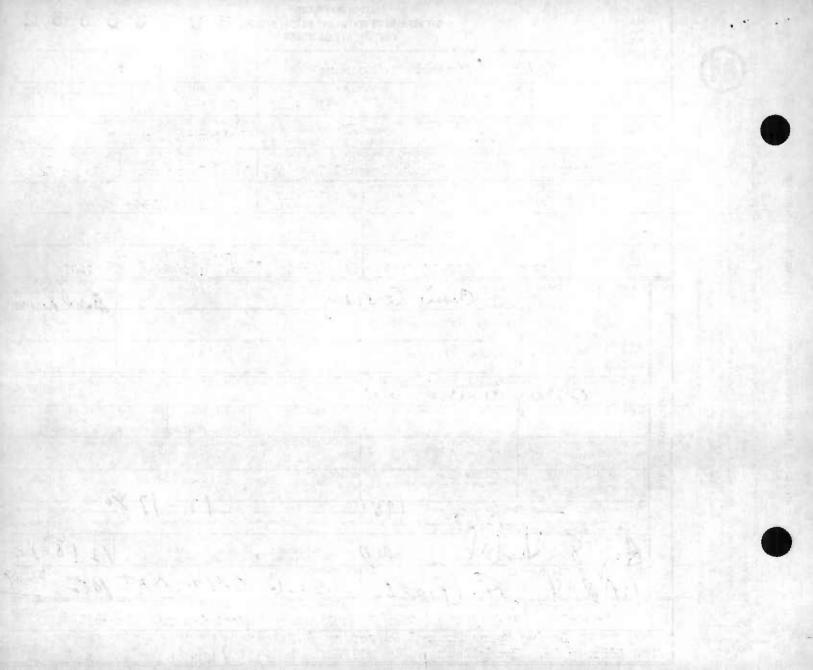
12/20/80 Loring Byers Funeral Directors, P. As DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22a.1 certify that (1) (this haspital) attended the deceased from

8728 Liberty Rd., Randallstown, MD

(VRA 15, 4)

the t



6010 Reisterstown Rd

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

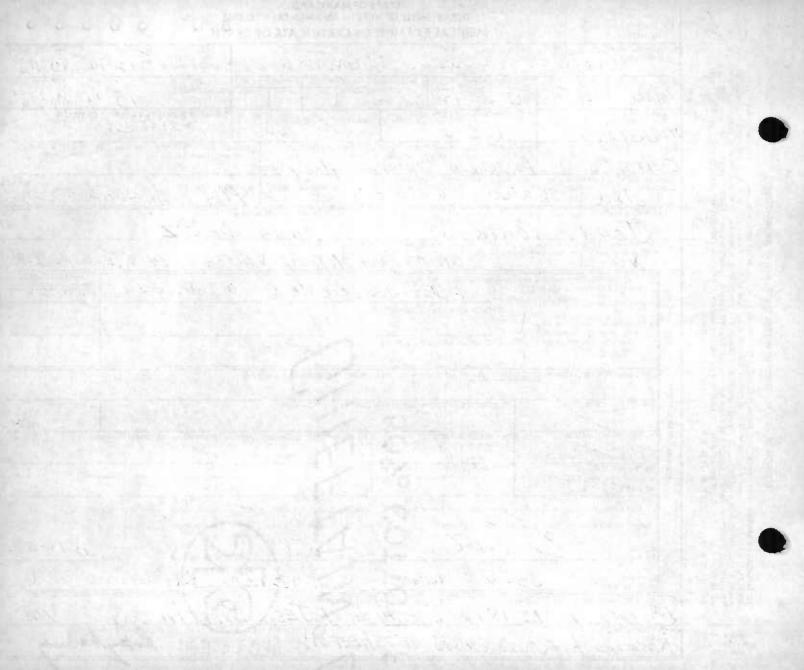
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN X 20. DATE MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-12 80 19 VIOLET Van Devander DEATH MATED 10 4. RACE IF UNDER 1 YR. DAY 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS DATE YEAR YEAR LAST BIRTHDAY) female white PRONOUNCED 10 80 1933 12 19 a M DEAD TO MEDICAL EXAMINER: THIS CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NICESSAR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIPPORT A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM PM 3. RETRAIN PAGE 5 FOR YOLD FOR THE MEDICAL EXAMINER ALONG WITH PORT OF THE STATE DEPARTMENT OF HEALTH AND MENTAL PROFES I AND 2 SHOULD BE FILED, WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MITH RECORDS, 201 W. PRESTON BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR West Virginia MARRIED X NEVER MARRIED Baltimore County U.S.A. WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Thompson & Dundalk Trader 1605"Pinewood McKinnon USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Dundalk DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 130 STATE Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Pinewood Drive 1605 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Walter Edna Dove 17. INFORMANTI SAAC 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Van (YES, NO, OR UNKNOWN) 233-50-2803 1605 Pinewood Dr. Balto.MD 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple stabwounds IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ here einjury Hour a.m. month day 2:30AM 12-19 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING 30AM MEDICAL 19 80 subject stabbed CONTRIBUTING CAUSE OF DEATH PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) 605 Pinewood Road WHILE Baltimore, Maryland AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held on Inspection and in my opinion death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 12-20-80 MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria! CITY OR TOWN 3/1980 Gardens Of Faith Baltimore Maryland BP 24 FUNERAL DIRECTOR Duda-Ruck MODELING. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Dundalk. Wise Avenue MD. 21222 (VR A15 ME (5)) 15M 2/80

VI ... IASIN . No. 19 and the Street garaco pach cili 32184.42.00 (4.20) a ic view collection 2:50.4 12-1, 63 aug 665 a.a.ocu AN HOUSE 1935 FERRING BERTHAND, Harghard cours are III .... abreat, and are the a see TECOA 1990 Michael Lech to

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1 0	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
	PECEASED NAME FIRST	MIDDLE	LAST TO	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26.			
5	George	naverse (	1 on-non	DEATH MATED	112 14 1980 11			
9751	Mr. O. Willy	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDA		24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 26			
1	more way	5 4 12 68 YR		DEAD	12 14 1000 11			
	BIRTHPLACE (STATE OF	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	D W STELL	OR COUNTY OF DEATH			
10	CITY OF TOWN OF BEATH	11. NAME OF HOSPITAL, NURSING HOME	WIDOWED DIVORCE	120. USUAL OCCUPATION (TO				
16	Salta Pa	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY			
	JAL RESIDENCE (IF IN NURSING HOME C	ROTHER INSTITUTION, GIVE RESIDENCE BY OR ADMISSION TY 131. CALLY OR TOWN	E HOSP.					
130	STATE Mel 136. CONS	Fullo 13. System/	FULL 13d INSIDE CITY LIMITS? YES NO 15	13. Free ADDRESS erre	Hallblot In			
14.1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDER	N NAME MIDDLE	LAST			
8	JOHN	VONTRAN	ANNA	DELTE				
160.	(YES, NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	1 1 60 1 - 1	ADDRES ADDRES	110 PEan 1/1/11			
=	The Cause of De land		606 VIARIE V	UNINAN 17	APPROXIMATE INTE			
	PART I DEATH WAS CAUSEI	F-1 ( 1 1 1 1-7 ) 6 16	Perolei Corbe	Wascular D	BETWEEN ONSETANI			
	14292	TE CAUSE (a).  DUE TO, OR AS A CONSEQUENCE C	OF					
	Canditians, if any, which							
	gave rise to immediate cause (a) stating the under-		OF.					
	lying cause last.	(c)						
7		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (a).				
무	19a, DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PEDEODMED?	New York and the second	20 AUTOPSY?			
	THE BAIL OF GILLIAM	178. CONDITION FOR WHICH OFER	ATION WAS PERFORMED!		IZU AUTOPST?			
3 S								
ERTIFICA	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY		) (ENTER NATURE OF INJURY IN ITEM I	YES N			
4 0	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITEM T	YES N			
EDICAL CERTIFICA	CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19  21e. PLACE OF INJURY (ATHOME.	21f. LOCATION		YES N			
MEDICAL CERTIFICA	CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19  21e. PLACE OF INJURY (ATHOME.	8	CITY OR TOWN	YES N			
MEDICAL CERTIFICA	CONTRIBUTING CAUSE OF I	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	YES N			
MEDICAL CERTIFICA	UNDERLYING OR CONTRIBUTING CAUSE OF I 21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that I took charge	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held an	21f. LOCATION STREET  Autopsy , Inspection	CITY OR TOWN	YES N			
MEDICAL CERTIFICA	UNDERLYING OR CONTRIBUTING CAUSE OF I 21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that I took charg death resulted from: Natur	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held an	21f. LOCATION STREET  Autopsy , Inspection	CITY OR TOWN	YES N			
MEDICAL CERTIFICA	UNDERLYING OR CONTRIBUTING CAUSE OF I 21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that I took charge	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held an	Autopsy , Inspection icide , Homicide .	CITY OR TOWN	YES N			
MEDICAL CERTIFICA	UNDERLYING OR CONTRIBUTING CAUSE OF I 21d. INJURY OCCURRED WHILE AT WORK  22a. I certify that I took charg death resulted from: Nature SIGNATURE	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  ge of the represents described above, held an rolcouses , Accident , Suit	21f. LOCATION STREET  Autopsy , Inspection icide , Homicide ; TITLE (SPEC)FY)	Undetermined manner	YES N  B PART 1 OR PART 2)  COUNTY  Ind in my opinion  DATE  The state of the state			
MEDICAL	UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF IT	HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held an railcouses . Accident . Suit	Autopsy , Inspection icide , Hamicide .  ADDRESS. 75-7	Inquiry , our town  Inquiry , our town  Undetermined manner   MEDICAL EXAMINER  Bullin Ra Ba	YES N			
MEDICAL	UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF I	HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held an railcouses . Accident . Suit	Autopsy , Inspection icide , Hamicide .  AITHE (SPECIFY)	Undetermined manner	YES N			
MEDICAL	UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF IT	HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held an railcouses . Accident . Suit	Autopsy , Inspection icide , Homicide , TITLE (SPEC)FY)  ADDRESS 75-7  WETERY OR CREMATORY  EART OF JESU.	Undetermined manner  MEDICAL EXAMINER  Blun Rol Bit  1234 105 ATION  ATTORION	YES N			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 25 HOUR (TYPE OR PRINT) OF ESTI-12 1080 JOHN M. WAGNER DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 84 48 UR YEAR LAST BIRTHDAY PRONOUNCED , 80 22 06 19 male white DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND Baltimore County USA WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V 5 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ROSEDALE OR INDUSTRY FOR MOST OF WORKING LIFE) Underhill Road MACHINST AMER. CAN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ROSEDALE UNDERHILL RD. YES NO M VITAL S CICAL EXAMINER ALONG WITH FORM PM. 3.
A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2.5.
I'H AND MENTAL HYGIENE, DIVISION OF VITAL
EMATION, OR REMOVAL. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME AFTER DEATH. MIDDLE MIDDLE LAST MAR -160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 215149493 WAGNER 7903 WWI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial infarct IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID USED AS A B CERTIFICATION ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, BDY SUNLY YES X NO 210. EXTERNAL CAUSE WAS 715 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN NOT WHILE COUNTY STATE AT WORK AT WORK (BODY CIVLY Autapsy XX 22a. I certify that I tack charge of the remains described above, held an Inspection death resulted fram Suicide Undetermined manner Assistant 12-26-80 ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. III Penn Street (TYPE OR PRINT) ADDRES 23d LOCATION CITY OR TOWN BALTO 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE B AL MD. BP. SECOND 1980AR 21 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5) 15M 2/80

BAT Simore Councy 

Annual rel 112 les Swers

2	1-	FOR STATE REGISTRAR	DEI	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYD CATE OF DEATH		3 0	688
		CEASED NAME FIRST	MIDDLE	LA	AST	REG. NO	MONTH DAY	YEAR 26 HOUR
9 m £	(TYPE	OR PRINT) Rutl	n Ann	W:	aldron		12 26	80 6:35P M
wow and	3. SE		4 RACE	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIRT		NDER 1 YEAR IF UNDER 24 HRS
4 property	2	Female	White	монтн <b>9</b>	7 YEAR 01	79	YRS	HS DAYS HOURS MIN.
8 4111		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUL	VTRY? 8		9 BALTIMORE CITY O		DEATH
to ELMENS		Virginia	USA	WIDOWE	DIX DIVORCED	Baltimore	Country	MD
offeredeoth	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME O		12a USUAL OCCUPATION OF THE OF WORK FOR MOST O	ON 1:	26. KIND OF BUSINESS OR
to \$10	C	atonsville	Little Sist		he Poor	Housewide	11	NDUSTRY
F a a	USU,	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		STREET ADDRESS		
2 should		arvland	1 - 11	imore	13d INSIDE CITY LIMITS?	2300 Elle	n Azzonii	0
2 sh		THER'S NAME			15 MOTHER'S MAIDEN NA	ME	II AVEIIII	
ond 2 st		Thomas	Richard Th	ompson	Sarah	Viola		McGaha
0		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA		17 INFORMANT	ADDRE	SS	MCGana
Poges 1	N		VE WAR OR DATES)	2-5166	Sr. Catherin	e 601 Maid	on Chai	an I ama
g physicion anpapers emovol event, the r	144	18 CAUSE OF DEATH (Enter of			SI. Catherin	e our mard	en Ghori	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n signed by the ottending Then please remove carb r to burial, cremation, ar r injury, or other traumatic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	SEOUENCE OF	c Congestive			IN PART 1(0)
os bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO []
Hygin 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)
e os the burial-i ofth and Mental morked ar Item	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	/N C	COUNTY STATE
ined by the hospitol FUNERAL DIRECTOR: ould be detoched for us the Stote Dept. of He PORTANT: If Hem 21 is		226. PHYSICIAN'S NAME (TYPE	OR PRINT)  ANKUDE	19 <del>40</del> on	22e ADDRESS	medical STAL STAL	ete and hour and	that (i) (we) lost d from the couses stoted  22c. DATE SIGNED  (2) 2). FO  Boek. 21224
F	23a, E	BURIAL, CREMATION, REMOVA	12/30/80		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	coul	NTY STATE
BP	21.5	Burial	12/30/80	Mt. Oli				oudoun Co. Va.
MH - 16 50M 1/76 (VR A 15 (4) )		uneral director ubbard Funeral	Home, Inc. 41	.07 Wilke	ns Ave.	E REC'D. BY REGISTRAR	Richard Registrar	SSIGNATURE

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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minist 12/12/89 Selice Dept. or the PRACING Island

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				STATE OF MARTLAND	- MA - Al-1	NO 0 1 10 1
	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	30691
	1 DF	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	NONTH DAY YEAR 26 HOUR
		OR PRINT)			I K. DAILE OF DEATH	
113		Rosem		WALSH	December 1	
oj.	3. SE	× C	1 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	2. 0	RTHPLACE (STATE OR FOREIGN	7% CITIZEN OF WHAT COUNTRY?	11/25/13		YRS.
pa7 A		OUNTRY) P	I S CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	BALTIMORE CITY OR	
	10.6	TY OR TOWN OF DEATH	U 3 /7	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore	
17	10 C	A1 -	I F NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF	
) [		11 - SOVIENE	FRANKLIN S	567	TEACHE	R
25	13a	STATE (IF NURSING HOME (  136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13R STREET ADDRESS	
29		MD B	7LTO MIDDLE	RIVER YES   NO 1		WIREDR
ex -	14. F/	ATHER'S NAME	·MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
150	-	JAMES J.	POWELL	MARY	BOLAND	
theme		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES		ADDRES	S BELAIR MD
1		NO	190 141	OLI THOMAS	WALSH 4	OL PRINGLE CT
		18 CAUSE OF DEATH (Enter of	only one couse per line far (a), (b), an	d (CV)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
itro e	161	BARTI DE ATMINACE CALIS	ED BY: ATE CAUSE (0) Cardio-pul		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
traumatic		1361	DUE TO, OR AS A CONSEQU			
		Conditions, if any, which		of the Common Bile	Duct	
other		gave rise to immediate couse (0), stating the				
ō .		underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		KUE RESIDENCE
, Annie		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
À	NO N	1,000				
2	1	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
2	ΙĔ				YES NOT	IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			RED JENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
1		OR CONTRIBUTING CAUSE OF D		AY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
	X	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.) STREET	CITY OR TOWN	N COUNTY STATE
			oital) attended the deceased fram_	December 1 19 80	to December	r II 19 80 , that the (we) last
		sow the deceased olive a	December 11 19	90		te and hour and from the couses stated
		above, Ki (we) (did) (MGG 22b. SIGNATURE	view the bady after death.	A DEGREE		224. DATE SIGNED
		- W	MACAK	ATTENDING	MEDICAL STAFF	- / /-
-	ł	224. PHYSICIAN'S NAME (TYPE	ON PRINT	PHYSICIAN	DIRECTOR PHYSICI	AND 12/11/00
1				V	klin Square I	Drive 21237
			off Schutz M.D.			MIVE ZIZJI
	230	BURIAL, CREMATION, REMOVA	12 /.2/	NAME OF CEMETERY OR CREMATORY	234. LOCATION City or town	COUNTY STATE
	200	REMOVAL	1,2/00	TOSEPH CEM.	SCHANTON	St. Bear francy St. Valour-by
A	74 F	UNERAL DIRECTOR	ADDRESS	250.	ECT 2 1980	- Landing Commond
/79	(1)	. B. CONWE	LL 300	MACE		

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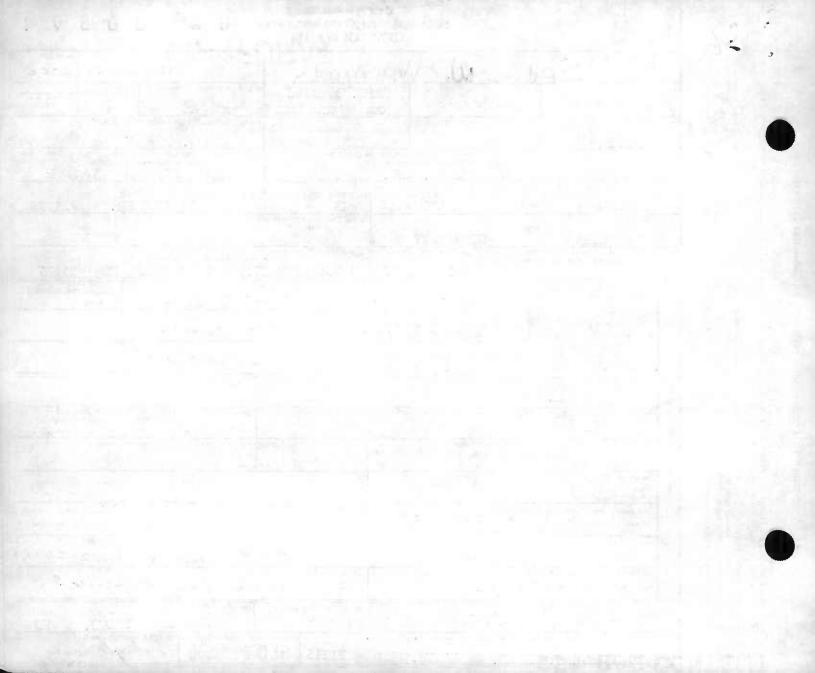
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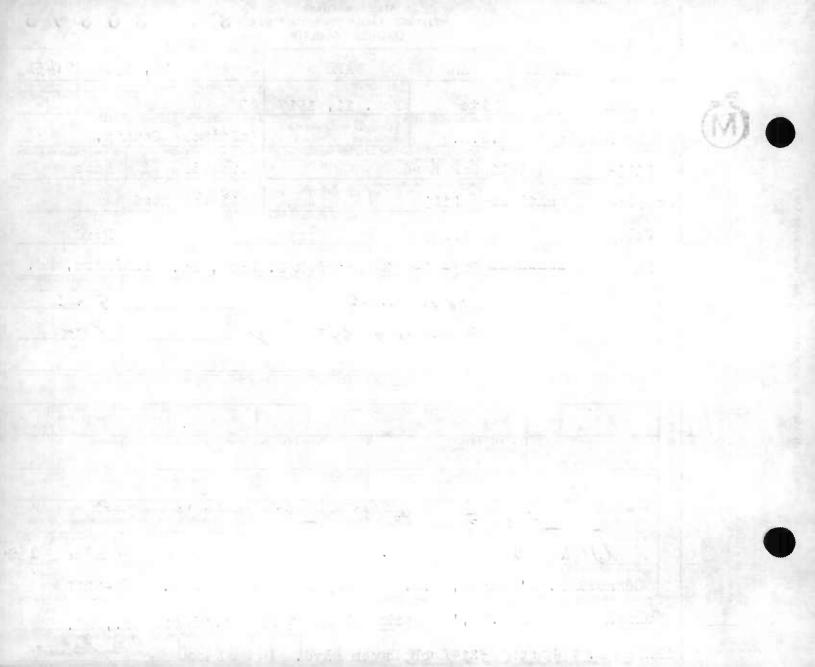
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.6	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 U C	) 4 4
0		CEASED NAME FEST	,	AIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
16	Title	SA	die-	W. \	NAV	ANCh	12	24 80	6-25 A
5	3 SE		4 RACE		5. DASES	FPIRTH 1. 1895	6. AGE   IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
(ab)	3	FEMALE	CAU	e acion	XX	10 01	800 YRS		HOURS MIN
到强。		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	B MADDIE	NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH	
-1		RUSSIA	USA			XXXX DIVORCED	BALTO, COUN	ITY	,
8 2	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	UFEI INDUSTRY	OF BUSINESS
20		ANDALLSTOWN	BALTIN	ORE CO.	GEN.	HOSPITAL	HOUSEWIFE		HOME
	USU/ 13a S	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		
35		MARYLAND		BALTIM		YESXXX NO [	6018 HIGHGATE	DR.	#21215
exa	14 FA	THER'S NAME	WIDDLE	LAST		IS MOTHER'S MAIDEN NAM	ME		AST
300		MORRIS		CHOCKETT		ETHEL	Middle	UNKNO	
a Be		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT MR.	MORRIS WETNER	TREET	
the die		NO	c tran on pates;	217-50-	2837	6 NOBILITY (	CT., OWINGS MILL	S, MD	21117
ven.		18. CAUSE OF DEATH (Enter or	nly ane cause per	line far (a), (b), and	diesi				XIMAYE INTERVAL
to burial, cremati	Z	underlying couse last.  PART 2 OTHER SIGNIFICANT (	( (c)	ORG A	nic.		SYN BROME		(a)
t. The rior to	CERTIFICATION	198 DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FIND	INGS LISED
shows	FIC						IN CER	TIFYING CAUSE	S OF DEATH?
Item 18 show	ERT	216 ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURE	RED JENTER NATURE OF INJURY IN ITEM TO		140 [80]
tal tal		OR CONTRIBUTING CAUSE OF DE.		M. MONTH DA					
Men	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	19	211 LOCATION		-0.0	
aith and N	¥	WHILE NOT WHILE AT WORK	I AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		226 I certify that (I) (this hasp	ital) attended the	deceased fram_		-18- 1980	12-24	19 80	, that (I) (we)
Dept. of He If Item 21		saw the deceased alive an obave, (1) (we) (did) (did no	12 - a	24 - 19 K	. 01	nd that in (my) (aur) apinion o	death accurred on the date and h	aur and fram th	e causes state
f Ite		22b. SIGNATURE	, view the gody	uner deutn.		DEGREE		22c. DAT	ESIGNED
State D		1	5/10/10	14		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1:	2-24-
TAN		224. PHYSICIAN'S NAME LTYPE C	OR PRINT)			22s ADDRESS		A	. 1
IMPORTANT:		DR. S. D.	PATE	2		1306. Cou	nty ben. H	who	tal
3 2	230 E	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
		SPECHY) BURIAL	12/26		ER TA	MID	ROSEDALE	BALTO.	, MD
-16 25M	24. FI	INERAL DIRECTOR SOL	LEVINSO	G BROS.	, INC	C 27	E REC'D. BY REGISTRAR 25b. REGI		28
5, 4) 1/79		6010 REISTERSTO	WN RD.	BALTO.	, MD	21215 DE	C 31 1980	May Ma	trooty



William E. Johnson 8521 Loch Raven Blvd

(VRA 15, 4) 1/79



	500		STATE OF MARYLAND	Ó O	7 0 4 9 4
	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 0 3 7 0
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	VERNOI	N L. WI	PRNER	12	3 89 300 P
(M)	MALE	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
35	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	i) S'A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
dwithin to	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Dietiam - Insp	G LIFE) 125. KIND OF BUSINESS
10年 - 秋 石 B	SUAL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	1 01
completely fill and 2 whould red 20 whould	FATHER'S NAME	AROLL SYKESU	IS. MOTHER'S MAIDEN NA		Phome Rd.
d page 16	WAS DECEASED EYER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	111100	ADDRESS	Jones
S. Pagest	No I -	215 05 G	7	ener Sykes	ville, Md.
ng physician on papers. Profeemoval.	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and ED BY: TE CAUSE (a)	ular Fibris	Walton	RETWEEN ONSET AND DEA
carb on, o	4100 Conditions, if any, which	DUE TO, OR AS A CONSEQUE	OLEMBINE SI	hock.	
by the e remo	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF HEART	r Failuse	
bld burnin	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
d i i i	190 DATE OF PERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
rending physician.  rending physician.  rending this certificate has the burial-transit permit and Mental Hygiene pharked or Item 18 show marked or Item 18 show	OR CONTRIBUTION CAUSE OF OF	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
After this cer the burial-tr h and Menta narked or Its	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR YOWN	COUNTY STATE
CTOR: A printer or atternation of Health m 21 is min	saw the deceased alive an	ital) attended the deceased fram_ 195  It view the bady after death.	No. 36 19 30 19 30 and that in (fix) (our) apinion	death occurred an the date and	, 19 <u>50</u> , that (I) (we)
hosp hed f Dept.	276. SIGNATURE	I Spolm	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE/SIGNED
retained by the TO FUNERAL should be detacted with the State MMPORTANT:	HALE F. F. 7	A SYEDM	BALTIMOR	E COUNTY !	SEN HOSP.
Da Daix A	Be BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BP	(Augrien)	12-6-80 1	lew OAKland Camel	- 11 - 1	COUNTY STATE

OTT O U O PUR DAME POR LINE 80 II HI SI CAD BLAM Md. U.S.A State Baltimera County Annual stone could be Car despital Sixtien Ingola State Ite Md Charles System He was - to a State of House Rd. LAY UL WARRED BANKE STORES No - Steel Alma Whenex Sures les Mid Though Syresyde Saland Comby Syresyde Carroll Ald How ID House I wantle That

601	FOR STATE REGISTRAR
[-RAL]	1. DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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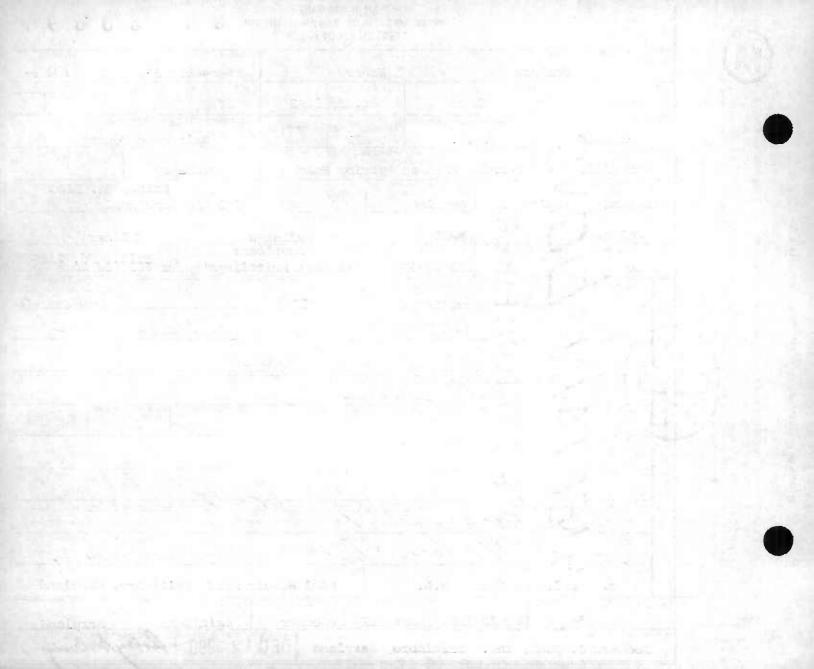
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	REGISTRAR					TOTAL OF BEATTI	REG. NO.		
	CEASED NAME E OR PRINT)	FIRST		MIDDLE	-	LAST	26. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	2 OKT KINI)	Barba	ira		We.	ber	December 12,	1980	1:18 17 M
3. SE	×		4. RACE		5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	Female		W	hite	OC	t. 3, 1892	88 YRS.	MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
	Maryland	0.00	$U \cdot i$	S.A.	WIDOWI		Baltimore	Countu	MD
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
	Parkville		Perri	ng Parkway	y Nur.	sing Home	(TYPE OF WORK FOR MOST OF WORKING LIE	FE) INDUSTRY	
USU.	AL RESIDENCE (IF NURS	136 COUN		I 3c. CITY OR TOWI		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Balt.	, Md.	21206
Ma	ryland	Balt	imore	Overlea		YES NOXX	603 Old Home F		
14. FA	ATHER'S NAME		AIDDLE	ACT		15. MOTHER'S MAIDEN NA			
	Charles			Nohe!		Walbur		ellner	AST
	VAS DECEASED EVER			166. SOCIAL SECUR	RITY NO.	17. INFORMANT Daugh	ter. ADDRESS		
{	VES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-03-37	794D	Margaret Rei	thlingshoefer 60	3 bla H	ome Road
	18 CAUSE OF DEAT	H (Enter an	y ane cause pe	r line for (a), (b), and	d (c).)	4-			XIMATE INTERVAL
	PART I. DEATH W		BY: E CAUSE (a)	Corona	2 1	hombons			mediate
	35NI	)			1105.05				
	Canditions, if any	which	DUE TO, C	PSC V	NCE OF	ith muce	dialischemia	19	72
	gave rise to imr	nediate	) (0)						
	couse (a), stating underlying couse		DUE TO, C	R AS A CONSEQUE	NOE OF	mellit	Luz	,	( •
	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIV	EN IN PART 10	(0)
CERTIFICATION	02	ter o	arthu	its, ex	tens	ie			
CAT	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDI	
TIF							YES NO YE		NO [
Ü	21a. ACCIDENT WAS UNE		21b. TIME C	OF INJURY .M. MONTH DA	V VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)	
AL	OR CONTRIBUTING (			.M. MONTH DA	1 1EAR				
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION			
Σ	WHILE NOT WH	ILE _	(AT HOME ST	REET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I)		al) attended th	ne decorred from	a	11 - 10 G	Du	1080	
					ru n	, 19	death accurred on the date and hav		that (I) (me)-last
	saw the decease abave, (1) (wa) (4 22b. SIGNATURE	id (did nat	view the bady	after death.			and the date and have		
	III. SIGNATURE	11	111	/sen		DEGREE	MEDICAL STAFF	72c. DATE	SIGNED
	Una	NU	111	/ cen		PHYSICIAN [	DIRECTOR PHYSICIAN	De	- 12,80
	22d. PHYSICIAN'S NA			1		22e ADDRESS			
	Dr. Cha	arles	M. Ker.	r M.D.		6801 Bela	ir Road Baltimon	re, Mar	yland
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	Burial		Dec 15	1980 Mos	st Ho	ly Redeemer	Baltimore	COUNTY	state ruland
								LICIL	U.I. (21111)

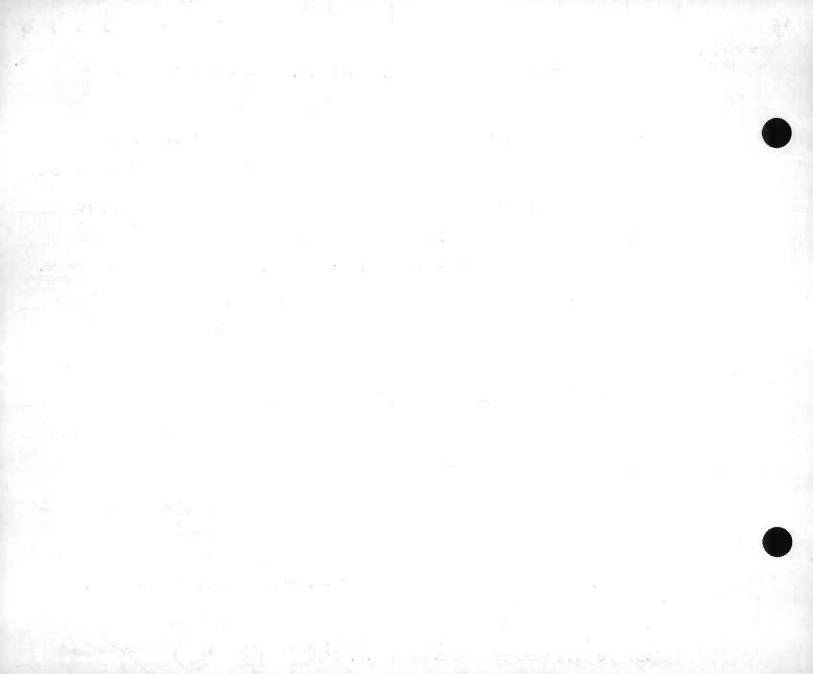
DHMH-16 30M 2/80 (VRA 15, 4) <sup>24</sup> FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Balanore, Maryland

er Baltimore Maryland
250 DATE REC'D. BY REGISTRAR 256 BY ISTRAR'S SIGNATURE
DEC 12 1980



	1	STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	3 0	1691
		CEASED NAME FIRST		MIDDLE	ŧ	AST			YEAR 26. HOUR
death	(iii)	CHARL	ES		WEDE	MEYER, JR.	December 2	6, 1980	
0 1	3 SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTH		
1)		Male	White		June	22, 1896 TEAR	84	YRS.	DAYS HOURS MIN.
1 3	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1		BALTIMORE CITY OR		ATH
(a)		daryland	USA		WIDOWE	NEVER MARRIED O	Baltimor	e County	
200		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN CHEACHITY, GIVE STREET BOONT Par	IG HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Chief Cler	ON 12b. 1	KIND OF BUSINESS OUSTRY
Pe	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 1136 CO	OR OTHER INSTITUTION		E ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
E C	1		ltimore	Catonsv		YES NO	6165 Rege	nt Dark	Boad
12/	14. F.	ATHER'S NAME FIRST Charles	MIDDLE	edemeyer		15. MOTHER'S MAIDEN NA FIRST ROSE	AME		LAST
0	16a. \	WAS DECEASED EVER IN U.S.			RITY NO	17 INFORMANT	ADDRES		gner
medica	- (	YES, NO OR UNKNOWN] (IF YES, C	GIVE WAR OR DATES)	705-09-0			demeyer, 616		Park Rd.
event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	r line for (0), (b), one	diesi 10	/	1 1	96	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
			SED BY. ATE CAUSE (0)		a	nemoria of	Lung		2525.
		1699	_	R AS A CONSEQUE		77	1		1
		Conditions, if any, which	( (b)	M A3 A CONSEQUE	.TVCE OF		0		V
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF				
njury, ar	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN P	ART I(a)
2 and 2	CERTIFICATION	THE DATE OF OPERATION	186 COND	ITION FOR WHICH	DERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
a	W.	210. ACCIDENT WAS UNDERLYING		FINJURY .M. MONTH DA	VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR P	PART 2]
7	3	OR CONTRIBUTING CAUSE OF ( (IF EITHER, NOTIFY MEDICAL EXAMIN		.M. MONTH D2	19				
-	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	4 COUN	NTY STATE
		22a I certify that (I) (this has	ottended th	ne deceased from	_	10.76	10 12/2	62 10 80	2 that (1) (4-10
		sow the deceased alive above, (1) (yee) (did) (did	on /2	119 19 (	50_6	d that in (my) (qur) opinion	death occurred on the dat	e and hour and fro	om the couses stated
E		THE SIGNINGURE	v 1			DEGREE	/		DATE SIGNED
± 		(ances)	Mercan				DIRECTOR PHYSICIA	AN	12/26/0
IMPORTANT		Dr. Jame				1 Mallow H	ill Road, Ba	ltimore,	Md.
3	23a.	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		Burial	12/29	*		Park Cem	Baltimor	8	Maryland
DM .	24. F	UNERAL DIRECTOR 1630	Edmondso	n Aveorese C	atons	ville Md 250. DA	TE REC'D. BY REGISTRAR 2	L GISTRAR'S	CHATURE
/78	<u> </u>	itzke Funeral	Home of	Catonsvil	le. P	.A. 21228 DE	C 3 0 1980	MARRY /	Chearly



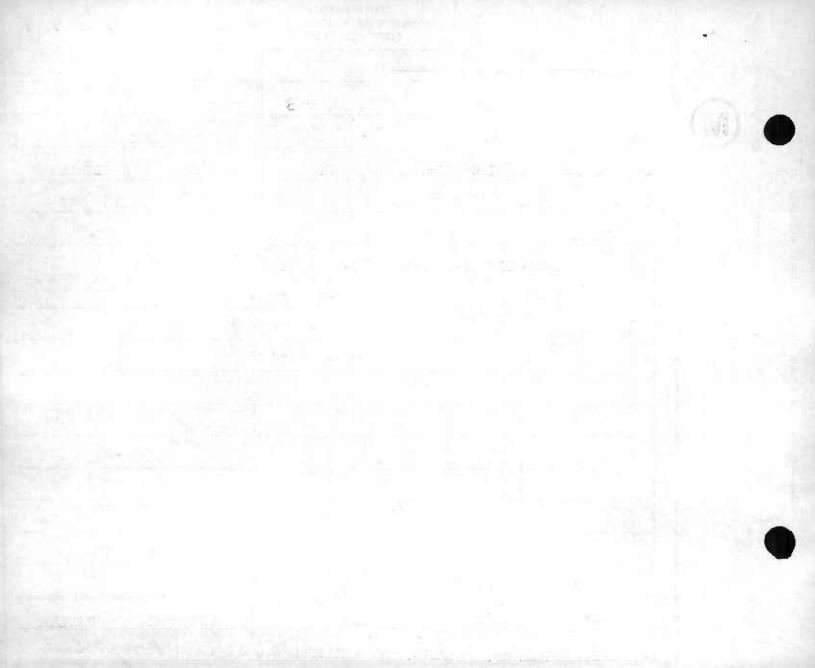
BALTO., MD

6010 REISTERSTOWN RD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

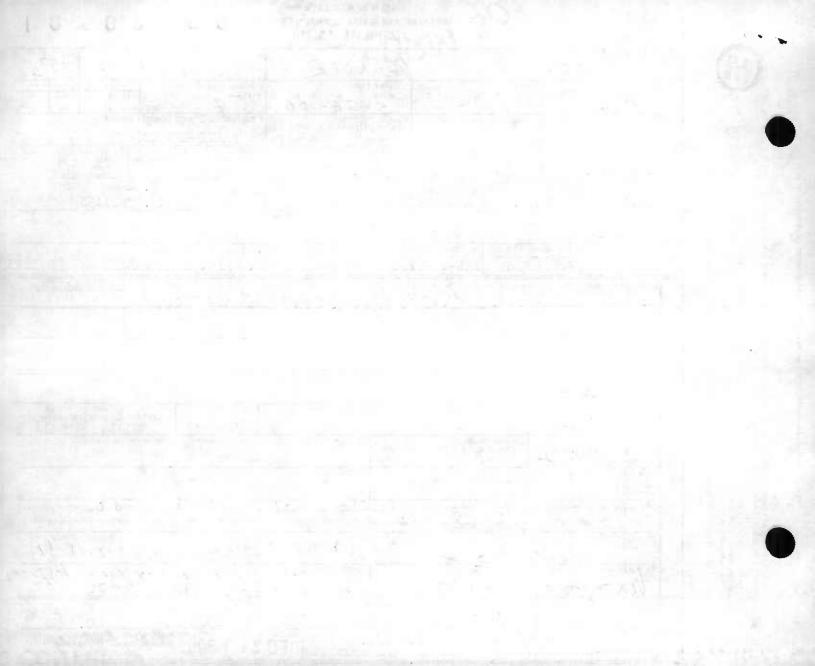
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6	1	FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MAKTLAND  IEALTH AND MENTAL HY  ICATE OF DEATH	GIENE 8 0	<b>3</b>	0 /	0 2
poge 3		CEASED NAME E OR PRINT)	LMA .		MIDDLE		AST NTWORTH	2a. DATE OF DEATH		0 80	26 HOUR 6:25A M
frer d	3. SE	х	4	RACE		5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
ors.		Female		White		Jul	y 29, 1896	84	YRS.		
1)33	7a B	IRTHPLACE (STATE OR FO COUNTRY)  Virginia	DREIGN 76.	CITIZEN OF	.A.	TRY? 8. MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY S	_		MD.
36		OWSON					RLES ST.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker			OF BUSINESS OR
must be filled w	13a	AL RESIDENCE (IF NURSIN STATE aryland	Balti	(	13c. CITY OR TOWS	TOWN	13d. INSIDE CITY LIMITS? YES NO 🚁	130. STREET ADDRESS 302 E. JO	ppa Ró	1. 212	04
330	14 F	George	Thon	0.00	Wells		15. MOTHER'S MAIDEN N FIRST Susan	Todd		Cox	ST
e medical		WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARME (IF YES, GIVE W			SECURITY NO. 2-3127D	Raymond F.	ADDR Wentworth,Jr	Phec	3 Longm	
ev en en	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only a AS CAUSED E MMEDIATE (	CAUSE (a)	I NE OF	ONIA  EQUENCE OF ENTER	TIC			6 [	ONSET AND DEATH	
to burial, cremotian, or r njury, or other troumotic	NO	Conditions, if any, gove rise to imme couse (o), stating underlying cause	the last.	DUE TO, C	R AS A CONS	EQUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV		DAYS
prior 7	CERTIFICATION	19a DATE OF OPERATION	ŌN	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X	IN CERTIF	S, WERE FINDING YING CAUSES	NGS USED S OF DEATH?
olth and Mental Hygiene marked or Item 18 shows		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH			DAY YEAR	21c HOW INJURY OCCU	PRRED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
rked or I	MEDICAL	21d INJURY OCCURRE			OF INJURY REET, FACTORY, OF	4.4	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
T H E		22a   certify that (1) (1 saw the deceased abave, (1) (we) (die	alive an	12/3	0	00	nd that in (my) (our) opinion	, 10	ote and hav		that (I) (we) lost causes stoted
detached hate Dept.		22b. SIGNATURE	6		la H.	P.		MEDICAL STA	FF X		30/80
TO FUNERAL DIRECT should be detached to with the State Dept. or IMPORTANT: If Item 2		NOEL E		LOR,	M.D.		GBMC-6701	N. CHARLE	S ST	•	
- vi s <u>K</u>	B	Burial, Cremation, R (SPECIFY) Urial	EMOVAL	236. DATE 1-2-		Druid	EMETERY OR CREMATORY Ridge Cemet	ery Baltimo			state yland
5 30M 2/80 15, 4)		uneral director  ck Towson F	'unera	1 Home	, Inc.	L050 Yor Towson,	k Rd. 250.D Md 21204	AN 2 1981	25b. RE-051	RAR'S SICHAT	Crooly

L COLOR					
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		A forester R.		) 11.	
Will Store of the		Toyot		res Person	
2 7 4 4	4.1	unaram			
2740 2	11717378	3 1891"			
80- 12/91 -03	3:\21	12/30			
3/13/10	i in				
The state of the s	G-14190	. () . () . ()	· .7	1721	

100	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	103
OR. URS. EET,	(TYP	CEASED NAME PIRST POBERT	FRANKLIN Westbezook 20. DATE KNOWN A MONTH OF ESTI- DEATH MATED 1/2	Q 1950 63 M DAY YEAR 24 HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOOR FILES. D, WITHIN 72 HOURS W (PRESTON STREET		A. RAGE White	5. DATE OF BIRTH MONTH DAY 10 24 27  15. CITIZEN OF WHAT COUNTRY?  8. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2c. DATE MONTH MONTH DAYS HOURS MIN.   PRONOUNCED DEAD  17. CITIZEN OF WHAT COUNTRY?  18. 9. BALTIMORE CITY OR COUNT	9 1980 630 M
NECESS FONERA D. WITHIII	2	TILL OF TOWN OF DEATH	USA. WIDOWED DIVORCED Balls Co	MD.
A SE	Re	se dale TXI 2/2	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OR INDUSTRY Conversion ton
2, AND 3 SHOULD SHOULD IN RECORD	13a. S	TATE MUL 136. 980	NTY 130 EVY OR TOWN 12 130. INSIDE CITY LIMITS? 130. STREET ADDRESS LEG REL 2	1737
SAT 30 30		THER'S NAME  U. M. T	MIDDLE Was HIST ZOOK IS. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN	LAST
B. GIVE PAGE WITH FORM WITH FORM DIVISION OF	16a. V	VAS DECEASED EVER IN U.S. AR	WAR OR DATES JOSEPH Same	e as 13e
HOULD BE EXECUTED WITHIN 24 HOURD PENDING" IN PENCIL IN ITEM 18.  HHEF MEDICAL EXAMINER ALONG VISED AS A BURIAL-TRANSIT PERMIT.  OF HEALTH AND MENIAL HYGIENE, DA., CREMATION, OR REMOVAL.	NO	Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last.	ATE CAUSE (a) CONSEQUENCE OF (b) (b)	BETWEEN ONSET AND DEATH
WORD "PEN WORD "PEN HE CHIEF N BE USED N ENT OF HEA URIAL CREA	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES NO 🕾
TO THE HOULD BARTMENT R TO BUR	CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	T 2)
FORWARDED TO THE CH DR. PAGE 3 SHOULD BE US HE STATE DEPARTMENT OF D, 21201 PRIOR TO BURIAL,	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE [ AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COU	INTY STATE
EXECUTE THE CERTIFICATE, WIND PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		22a. I certify that I took charg	rge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my ap ural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) , MEDICAL EXAMINER SIGNED ADDRESS 7537 Below Rel Ballo	0 12-9-89
	23a.B	JRIAL, CREMATION, REMOVAL PECIFY) Urial	· Addition———————————————————————————————————	
DHMH - 17 VR A15 ME (5)) 15M 7/77	24. FI	JNERAL DIRECTOR	adley Inc. Dundalk Md 21222 DEC 11 1980	

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MPORTANT:

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) 4,1980 NETTIF WHEELER DECEMBER 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Female White 1891 In-BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OF COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Md. USA WIDOWEDIX DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITAL TOWSON Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 CITY OR TOWN 13e. STREET ADDRESS 13c. CITY OR TOWN Md. Balto. Balto. 101 Brandon Rd. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Childs Thomas T., Elizabeth Abe1 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIFYES GIVE WAR OR DATES 216-28-9074 Mrs. Dorothy W. Krach, 101 Brandon Rd. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST SECONDARY TO IMMEDIATE CAUSE (o. OR AS A CONSEQUENCE OF PROBABLE MYOCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate couse (a), stating the OF OBSTRUCTION SECONDARY TO underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 80 DEC 220.1 certify that A) (this haspital) attended the deceased from\_ 80, and that in XXX (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on\_ DEC obove, (N(we) (did) (dyd pot) view the body ofter death 22h, SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN Y DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINT) 22e ADDRESS BENJAMIN DELCARMEN, M.D. 23c, NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY STATE (SPECIFY) Burial 12/6/80 Loudon Park Cem. Balto. Md. 25 TATERECO BY BOS RAR 26 RECISTRA 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc., 6500 York Rd.

And the one of the party of the MOTOGRAM INTERNATION 

Catonsville.

STATE OF MARYLAND

FOR

(VRA 15, 4) 7/7B

MacNabb Funeral Home



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Sara Sara	h Catherine	Whit	enack	20 DATE OF DEATH December	Y YEAR	2b. HOU	b. HOUR	
remale Female	RACE White	24 <sup>A</sup> 1891 <sup>YEAR</sup>	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER	24 HR	
West Virginia	2	MARRIED L		Baltimore city of Baltimore				
Middle River 21	NAME OF HOSPITAL, NURSII			TY HOUSEWITE		12b. KIND O	F BUSINE	:55
ISUAL RESIDENCE (IF NURSING HO	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL THE PROPERTY OF THE PROPERT	Kiver 1130	INSIDE CITY LIMITS?	123525 APREST	ern Av	e. 21	220	
14 FATHER'S NAME FIRMORGAN	Pendry LAST	15.	MOTHER'S MAIDEN NAM	ra Phill¶þs		tAS	ī	1
160 WAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 214 74		INFORMANT Zita W. Cana	day, Daught		Sam	•	-
PARTJ. DEATH WAS CA  [MME  Condition, if any, which gove the to immediate cause via stating the underlying cause last	DIATE CAUSE (0)	P.	m jujy CVD	toles				
THE DATE OF OPERATION	NT CONDITIONS CONTRIBUTING TO	H CHERATION V	VAS PERFORMED	200 AUTOPSY? YES NOTE	206 IF YES, IN CERTIFY! YES	WERE FINDING CAUSES	IGS USE	TH?
THE CONTRIBUTION CHURS O	HOUR A.M. MONTH		1c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)		
THE EMPTRICITY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROP	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21	I LOCATION STREET	CITY OR TO	VN	COUNTY	SI	TATE
Processed alive	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, lospitol) ottended the deceosed from, e an	FARM, ETC.) 21	hat in (my) (my) aprinian of	2.10_/_	ote and haur of	YO.	that (I) (	we)

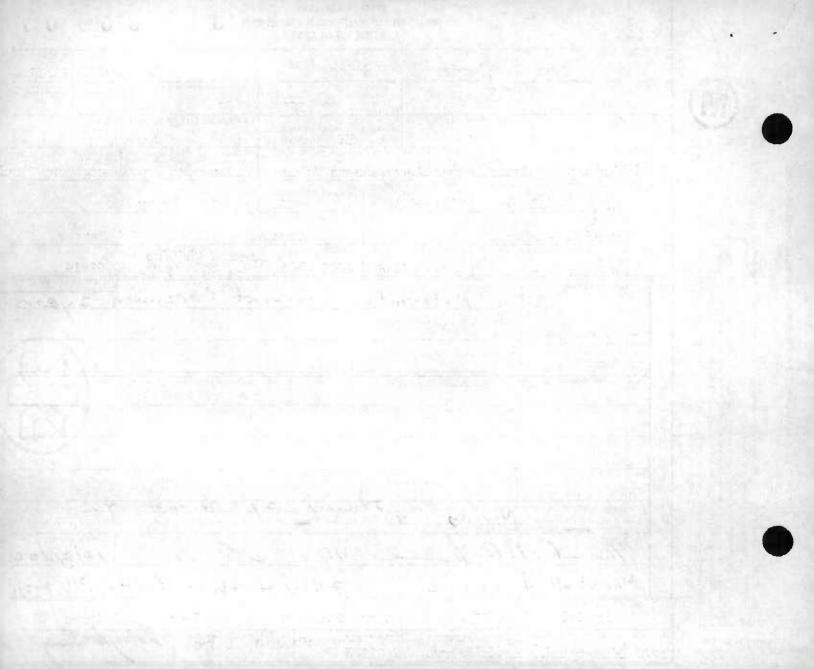
DHMH - 16 50M 7/77 (VR A 15 (4))

10 FUNERAL DIRECTOR. After this certificate has been signed by the attending of should be detached for use as the bursol-trainit permit. Then please remove carbon parmit the State Dept. of Health and Mental Hygense prior to burial. Cremation, or removement.

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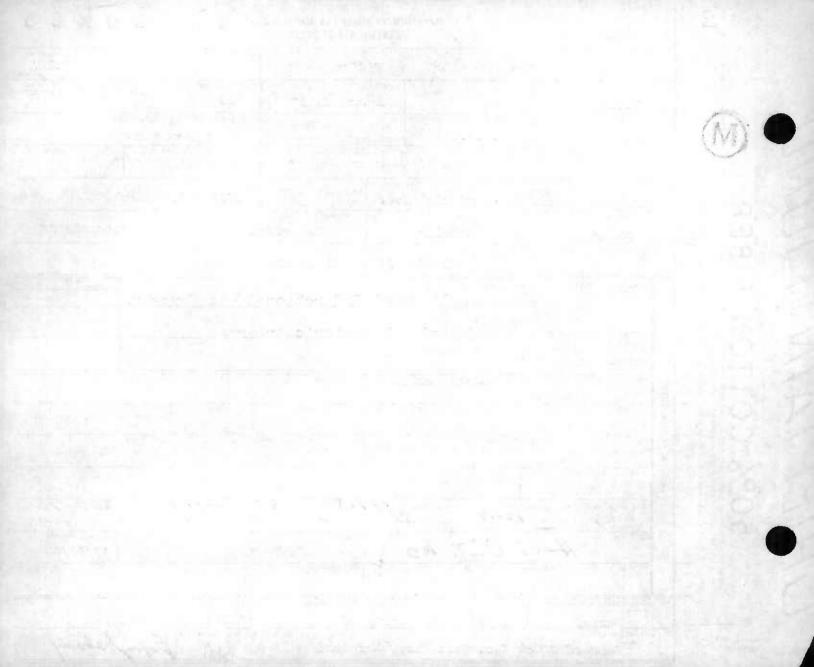
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

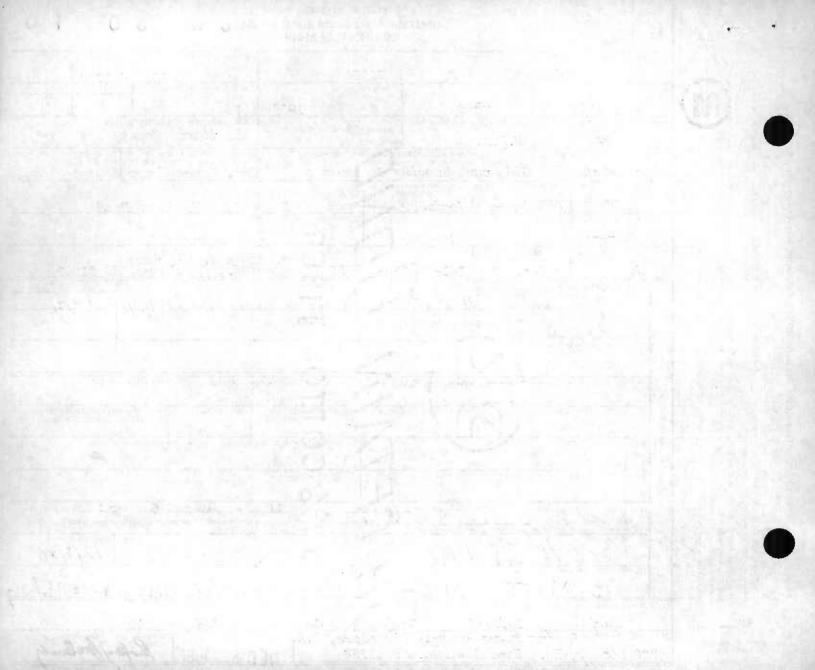
DHMH-16 30M 2/80 (VRA 15, 4)

Ι'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
	ECEASED NAME PE OR PRINT)	First Colum		E.	Wi	ditz	20 DATE OF DEATH December		980	2b HOUR 9:18A	
3. SI	Female		White		5. DATE O	DF BIRTH Uary <sup>0</sup> 1, 1897	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS	
	BIRTHPLACE (STATE OR COUNTRY)  Penna  CITY OR TOWN OF DE		U.S.	Α.	MARRIE	D NEVER MARRIED DEDECTION	9 BALTIMORE CITY O Baltimon	re Cour	nty	M OF BUSINESS O	
	Towson				n Hospit	al	Home Mak		E) INDUSTRY		
13a	JAL RESIDENCE (IF NUR STATE Maryland	13b. COUN	other institution. TY :imore	13c. CITY OR	TOWN River	13d. INSIDE CITY LIMITS?	130. SIREEJ ADDRESS 2512 HOI	ly Bea	ch Rd	T. A.	
14. F	Joseph	A	AIDDLE	Zebeli	n	15. MOTHER'S MAIDEN NA Catheri.	ne		Paterno	òster	
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)		SECURITY NO. 01-9819	17. INFORMANT  Mrs Regina	J Dauses	ESS	Same	е	
NO	Canditians, if any gave rise to immediate (a), statis underlying cause	mediate ng the last.	DUE TO, OI	r as a cons	EOUENCE OF	sentaris Ar		IDITION GIVE	EN IN PART NO	2,	
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	P.,	м. монтн м.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART 2]		
MED	21d. INJURY OCCUR  WHILE NOT WI AT WORK	HILE 🗍	21e. PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE	
	220.1 certify that (1) saw the deceas above, (1) (we) (	ed alive an_	12/19		C2 -3	nd that in (my) (aur) apinion	, .0	ate and haur		that (we) la causes stated	
	22b. SIGNATURE	H	5 - Cu	T. K	ro	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF CIAN [	12/1		
	22d. PHYSICIAN'S N He	nrv (		st M.	D.	22e ADDRESS					
	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN  Baltimore	e, Mari	county yland	STATE	
L	BURIAL, CREMATION, (SPECIFY)  Burial  FUNERAL DIRECTOR	REMOVAL	23b. DATE 12/2		D.  23c NAME OF C  Parku  Essore, Ma	1250. DAT	CITY OR TOWN	25h PhGISTE		URE	



STATE OF MARYLAND

	FOR		STATE OF MARYLAND		7 0 7	1 (
11.	- STATE	DEPARI	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		3 0 /	1
	REGISTRAR			REG.		
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
-	Elizal	beth S.	Williams		12 5 1980	
3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24
	female	white		906 74	YRS.	
7a B	MRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARK		OR COUNTY OF DEATH	14,000
	PA	U.S.A.	WIDOWED DIVOR	BOLLTIMON	re County	
10 C	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS				BUSINES
Ran	idallstown	Old Court Nursi	na Center	Ret. Merch	K-Sharp & Dome	
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)			
130. 3		timore Woodmoo			odmoor Road	
14. F/	ATHER'S NAME	conore   woodinoc	15 MOTHER'S MA		odinoor Roda.	
	Unknown	MIDDLE LAST	FIRST	MIDDLE		
160 \	WAS DECEASED EVER IN U.S. AF	Cervin		<u>Unknou</u>		
	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		Mr. Edwin H. Wi	illiams	0.7
	No	163-09-	8385 3501 WOO	dmoor Rd., Balt		<del></del>
	18 CAUSE OF DEATH (Enter to PART I. DEATH WAS CAUSI	nly one couse per line for (a): (b), o	To (1/2) 0 -1	1 0 1	APPROXIM BETWEEN O	SET AND DE
		TE CAUSE (o) / LET (a)	alle a mal	4 Munal cod	COMMIN. / ~	62
	1991	DUE TO, OR AS A CONSEQU	JENCE OF MICE	1		
	Conditions, if ony, which	(b)				
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF			
	underlying cause last.	(c)				
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 10	
CERTIFICATION						
5 ₹	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORME	D 20a. AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES (	
] <u>⊨</u>				YES NO	YES	NO 🗌
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 1 11 11011711 1	DAY YEAR 21c. HOW INJURY	Y OCCURRED (ENTER NATURE OF IN	NJURY IN ITEM 18 PART 1 OR PART 2)	
18	(IF EITHER NOTIFY MEDICAL EXAMINE	AIN	19			
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR	TOWN COUNTY	STA
>	AT WORK AT WORK	, which is the state of the sta				
	22a.1 certify that (I) (this hosp	ital) attended the deceased from	14 kg 1	9 80 , to Wes	. 5 , 1986 , 1	hat (I) (we
	sow the deceased alive or	ot) view the body after death.	ond that in (my) (our	) opinion death occurred on the	date and hour and from the c	auses state
	22b. SIGNATURE	A A	DEGREE	23, 32 - 1	22c. DATE S	JGNED
		1240 11160	ATTE	NDING MEDICAL ST	TAFF 12/	5/8/1
	401V	ard VVIIV				100
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		0	700
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	, 111	PORTE VIVILLE	MI
720	13. MA	TOS, M.D	22e. ADDRESS 21 ('R.A.	NARGOIL RUL	COULEYSVILLE	114
	BURIAL, CREMATION, REMOVAL	TOS, M.D.	220. ADDRESS 21 ('R.A. NAME OF CEMETERY OR CREA	MATORY 23d LOCATION CHYOROUM	COUNTY	My.
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	TOS, M.D.	220. ADDRESS 21 ('R.A. NAME OF CEMETERY OF CREA  OUDON Park Ceme	MATORY 23d LOCATION CITY OF TOWN etery Baltimo	CILLE VSVILLE  pre Citu	MD



FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINTE

DHMH-16 25M

(VRA 15, 4) 1/79

(Unknown) 21133 3415 Offutt Rd. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 22c. DATE SIGNED DIRECTOR PHYSICIAN Baltimore City Loudon Park Crematory Cremation 256. DATE REC'D. BY REGISTRAR 256. SEGISTRAR'S SIGNATURE COM 24 FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown, Md. Loring Byers Funeral Directors, P.A.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOURS.

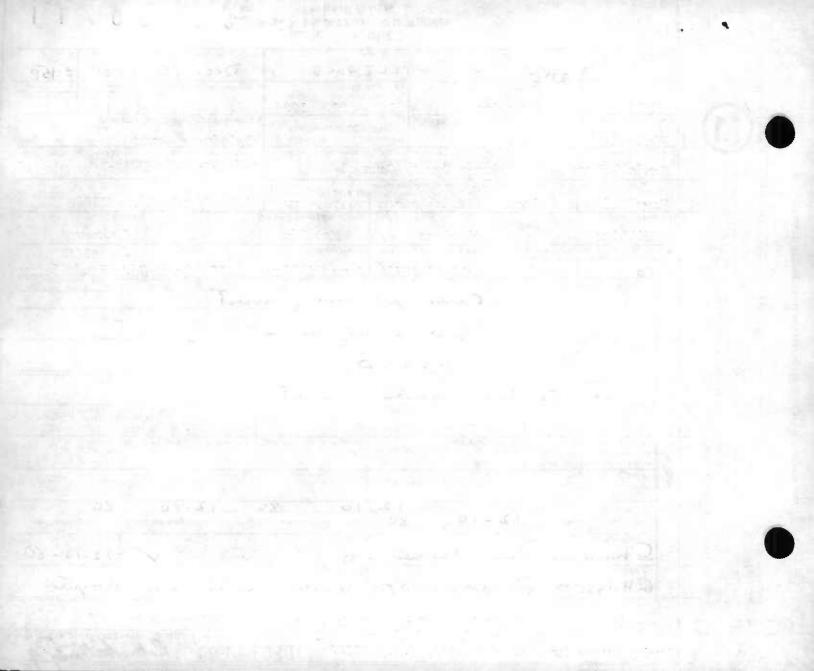
12h. KIND OF BUSINESS OR

Self employed

21133

ONTHS DAYS

26 DATE OF DEATH



FOR

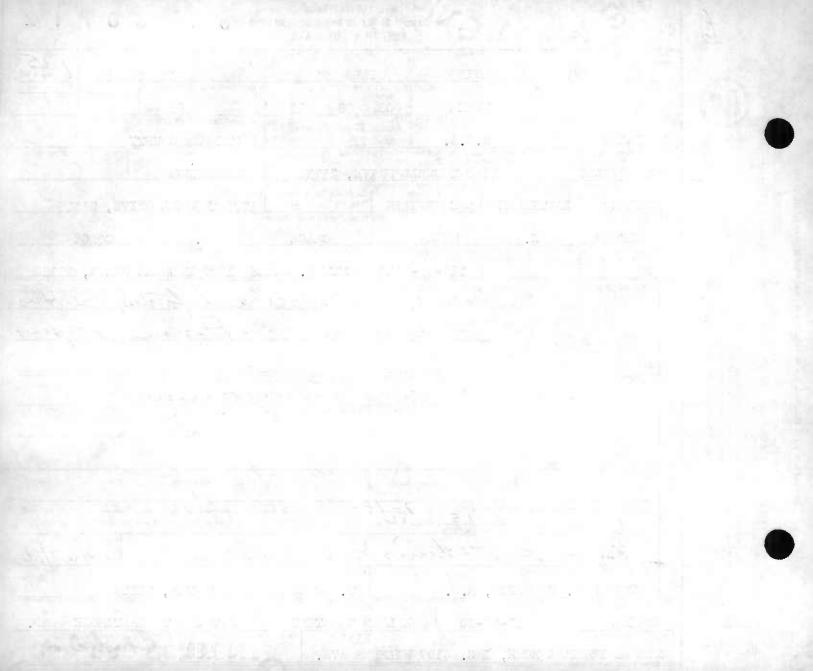
- STATE

DHMH-16 25M

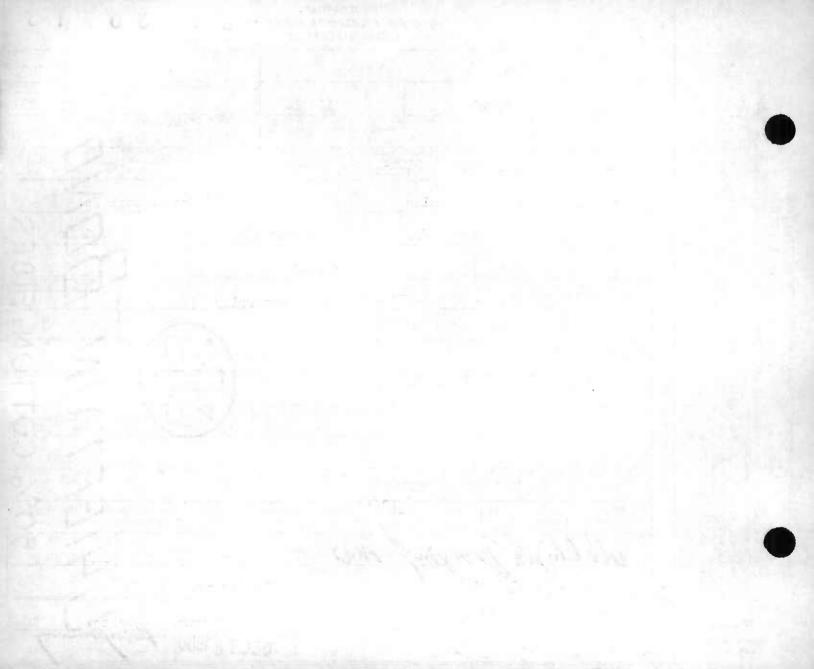
(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO MIDGLE LAST 2ª DATE OF DEATH MONTH 80 # UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNGER 24 HRS CIAYS HOURS 67 YRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 17e USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUPERVISOR 1209 TUGWELL DRIVE. LAST CONCE ADDRESS 1209 TUGWELL DRIVE APPROXIMATE INTERVAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THEFTERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN ST. AGNES MEDICAL CENTER. 21229 COUNTY STATE EAST POINT BALTIMORE MD. 258. DATE REC'D. BY REGISTRAR 258. RECAPERAR'S SIG! ATU 21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR - STATE

REGISTRAR

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 6810 BLENHEIM RD. 21212 CLARENCE H. WILSON 6810 BLENHEIM RD. 21212 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Hypertensive arterioscleratic PART I. DEATH WAS CAUSED BY: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 12 - 27 - 806701 N. Charles St. Towson, MD 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b. DATE CITY OR TOWN COUNTY STATE (SPECIFY) BURIAL MORELAND MEM. PARK TOWSON BALTIMORE MD 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 RAGERES / PEC BROWN (VRA 15, 4) MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

LAST

REG NO

26

80

26 HOUR

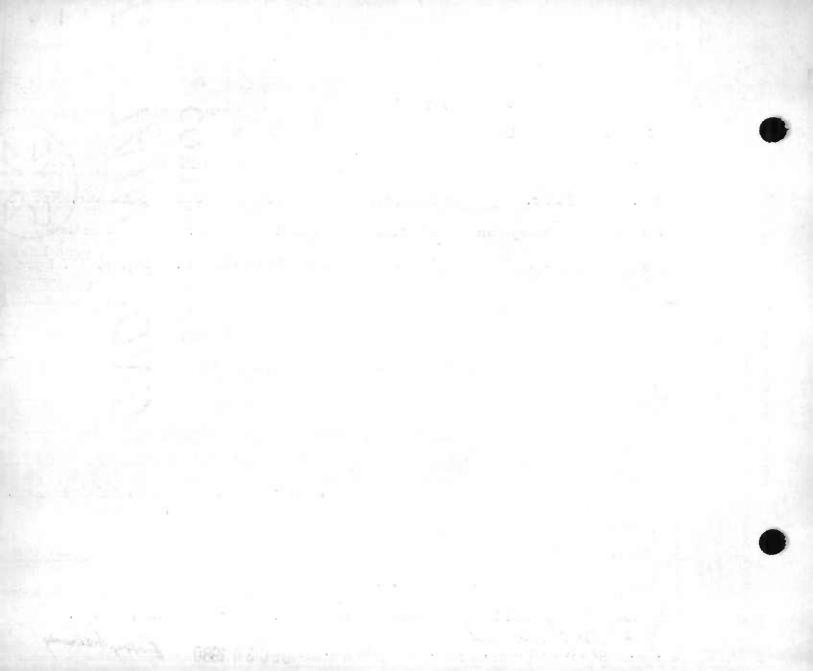
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20 DATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) Lillian Wingler Marie 27,0 80 DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19 80 White Female 13 1929 51 To BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Maryland DIVORCED Baltimore County, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Greater Baltimore Medical Center FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b. COUNTY 13c. CITY OR TOWN Cockevsville Balto. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Freeland Wheeler Pearl M. Elmer Maryman 17. INFORMANT ADDRESS 212-26-2853 Miss Jacqueline D. Wingler, 277 Lord BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Ischemic Encephalopathy IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Intra-Operative Hypotensive Episode Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES & NO . EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOMS OF DEATH Therapeutic misadventure TIE PLACE OF INJURY TATHOME 21d. INJURY OCCURRED 21L LOCATION Greater STREET, FACTORY, FARM, FTC.) WHILE AT WORK hospital Medical Center. Towson. Baltimore. 22a. I certify that I took charge of the remains described above, held an Accident X TITLE (SPECIFY) ACTUAL Assistant DATE 12/28/80 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 23d. LOCATION Cockeysville, 12/31/80 Dulaney Valley Cem. Buriad 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE withour habrardy **DHMH-17** (VR A15 ME (5) Lemmon. 10 W. Padonia Rd. 15M 2/80

STATE OF MARYLAND



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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3	BIRTH COUNT	PLACE (STATE OR F RY) aryland	OREIGN	76 CITIZEN OF		RY? 8 MARRIE WIDOW	D NEVER	MARRIED			COUNTY	MC
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and per	Mary	SIDENCE (IF NUR E Land	SING HOME OR 13b. COUN Balti	OTHER INSTITUTION ITY MOPE	13c CITY OR T	FORE ADMISSION OWN SVILLE	13d. INSIDE C	HTY LIMITS?	13e STREET AD		Blvd.	
exomine		R'S NAME Clement	W	AIDDLE.	Wood	£ 4		s MAIDEN NA	AE É	MDDIE	(UNkno	່ພື້ກ)
medical		DECEASED EVER O OR UNKNOWN)	(IF YES, GIVE	WED FORCES? WAR OR DATES)	166 SOCIALS 217-12		Mrs.		M. Wood	ADDRESS	212 Westside	
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Dept. of Health		I certify that (I) take the decease above, (I) (we) SIGNATURE			-2	7.	DEGREE	(our) opinion	to	n the dote o	nd hour and from t	-, that (I) (we) lost he causes stated TE SIGNED
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STATE OF MARYLAND

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DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The low requires that the death certi- ottending physicion.  Ifter this certificate has been signed by the ottending pass the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, or ren orked or them 18 shows any injury, or other troumatic ev	CERTIFICATION	Conditions, if ony, gove rise to imme couse 101, storing underlying couse  PART 2 OTHER SIGNII	which diote the lost.	(c) ONDITIONS <u>C</u>	IR AS A CON	G TO DEA	TH BUT	WAS PERFORMED		NAL DISEASE OR CO	20b. 1F Y	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE	INGS USED
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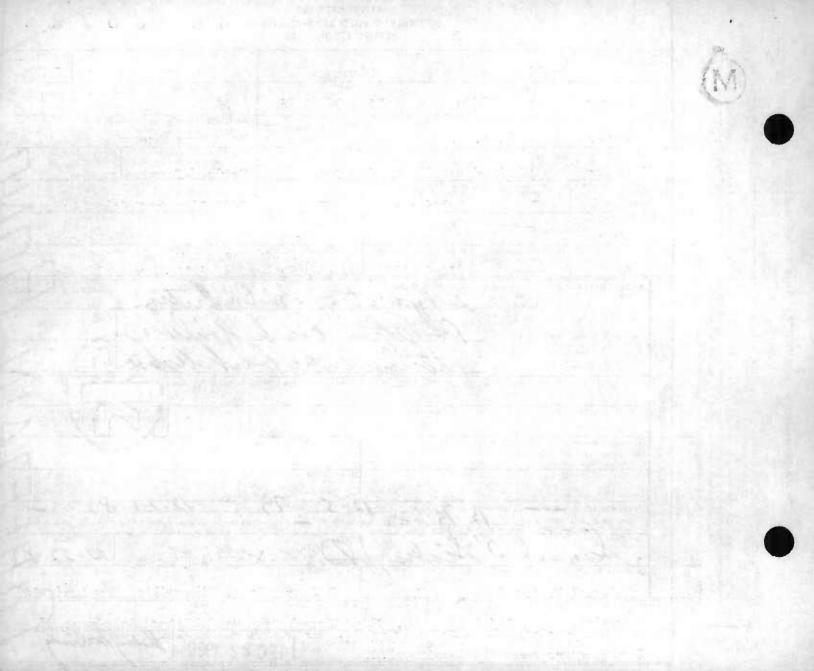
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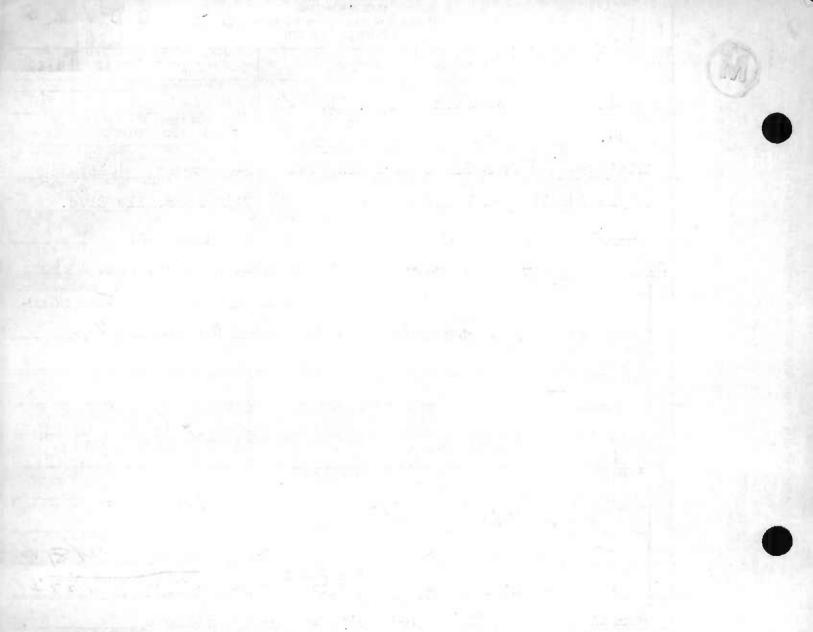
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		STATE REGISTRAR			FICATE OF DEATH	REG		
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	3. SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF U	NDER I YEAR IF UNDE
		Female	White	787	08 85	95	YRS.	
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3		Maryland	U. S. A.	WIDOW			e County	
ped	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUP	ATION	126. KIND OF BUSIN
Officed	I	illa Nova	Katherine Robb	Nursi:	na Home	Retired-		INDUSTRY
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À C	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	ERE FINDINGS USI
39	띹					YES NOT		G CAUSES OF DEA
S -	=======================================	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21¢ HOW IN JURY OC	CURRED (ENTER NATURE OF 1		
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m 2		above, (I) (with (did n	at) view the bady after death.		TWO DEE			
±		THE SIGNATURE	0 N/	1	ATTENDIN	G MEDICAL S	TAFF	22c. DATE SIGNED
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₹	230	BURIAL, CREMATION, REMOVA		NAME OF	CEMETERY OR CREMATO		SULLUE. I	ary vana_
	2.54	(SPECIFY)				CITY OR TOWN	C	DUNTY
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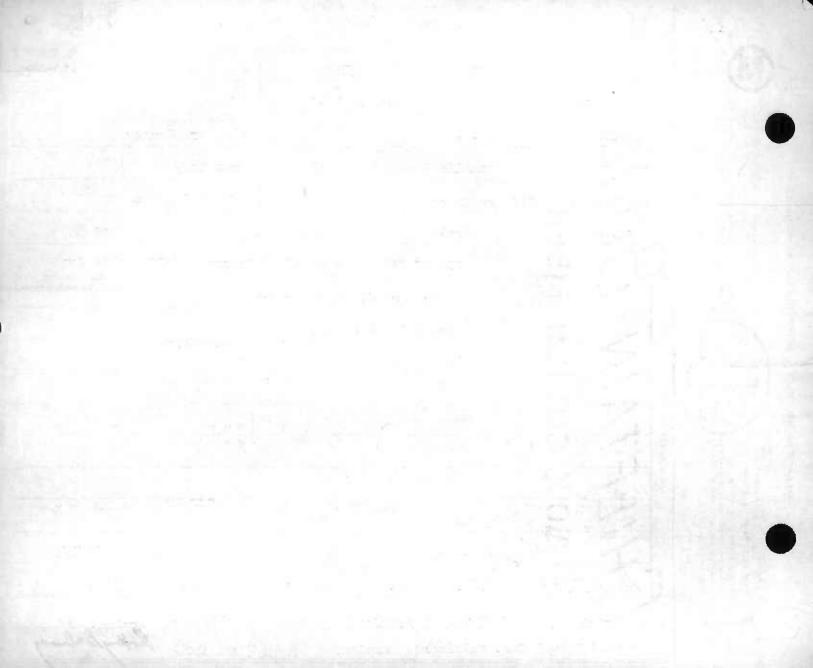
DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1980

	1-	REGISTRAR			DETART		ICATE OF DEATH	REG.	NO.		
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	2a. DATE OF DEATH		YEAR 2b. HOUR	
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22	3. SE	Female		4 RACE White		S. DATE OF BIRTH  OCT 5, 1935  YEAR		6 AGE (IN YEARS LAST	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS A		
5		RTHPLACE (STATE COUNTRY)  Maryland		11 6 0		8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
7	10. CI	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Franklin S				ADDRESSI		126. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) Secretary  126. KIND OF BUSINESS C			
E	13a. S	AL RESIDENCE IF N STATE Maryland	13b COUN	otherinstitution. HTY ltimore	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDRES	S Breeze D	r	
32	14 FA	THER'S NAME FIRST  Edward		MIDDLE 1	Murphy		15. MOTHER'S MAIDEN N.  Lena	AME	No.	ra LAST	
1	16s. V	VAS DECEASED EV YES NO OR UNKNOWN) NO		WED FORCES? 166 SOCIAL SECURITY NO. VE WAR OR DATES) 215-32-5514			17. INFORMANT  Mr Dennis	NFORMANT ADDRESS Mr Dennis J Powers 4513 Ara			
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (ci.)  PART I. DEATH WAS CAUSED BY:  Respiratory distress syndrome  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which (b) Intraperitoneal hemorrhage										
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION C								DARY I	
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1	CERTIFICATION	19a. DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?	
)		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		TH HOUR A.M. MONTH DAY YEAR		21c HOW INJURY OCCU	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
	MEDICAL	WHILE NOT	WHILE WORK	11e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET			DUNTY STATE	
		sow the dece	ased alive on		e deceosed from_ oer 2 19_ ofter death.	_80_, 01	er 29 19 80 and that in (n) (our) opinion DEGREE	to December to the death occurred on the	dote and hour and	that XI) (we) larger the couses stated	
1		22d. PHYSICIAN'S	NAME (TYPE O	1 6 /	A. C.	0.	ATTENDING PHYSICIAN  220. ADDRESS  9000 Fi-anl	□ MEDICAL S □ DIRECTOR □ PHY		12/2/80	
	(	BURIAL, CREMATIO		23b. DATE 12/5	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	coun	ATY STATE	

Leonard J Ruck Inc. Baltimore, Maryland

BP. DHMH-16 30M 2/80 (VRA 15, 4)



	1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 0	3 0	17	2, 7
500		CEASED NAME FIRST	MIDDLE	1	AS1	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
-		Melv	/in William 🖫	-	NKHAN	December 2			1:25р м
R.	S.A.		4. RACE S. DATE (			6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	HOURS MIN.
460	U	Male	White	Nov	2, 1924	56	YRS.		
25		INTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
0		owson, MD.	U.S.A. WIDOWE			Baltimore County			MD.
57		Rossville	Franklin Squa	Hospital (Type of work for most of working Life)   INDUSTRY   Metal					
25	Ma:	ryland Bal	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW timore WhiteMa	VN		Stevens R	ld. & B	each	Ave.
30		THER'S NAME Louis	Zinkhan  15. MOTHER'S MAIDEN NAME FIRST Helena				Pibb	er	ī
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	URITY NO.	17. INFORMANT	ADDRE	SS		
1		Yes W.W					WhiteM	arsh	,MD.
2	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU  (b) COPONARY  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	Arter		NAL DISEASE OR CON  200 AUTOPSY?  YES   NOX	DITION GIVEN IF  20b. IF YES, WE IN CERTIFYING YES	ERE FINDIN	NGS USED
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	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
1		220.1 certify that (I) (this hasp		80	nd that in (36) (our) opinion d DEGREE  ATTENDING PHYSICIAN [ 127e ADDRESS  9000 Frank1	MEDICAL STAI DIRECTOR PHYSIC	FF	224 DATE	couses stated
	В	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial	236. DATE 23c. Dec. 29 80 Du		Valley Mem.	23d LOCATION CITY OF TOWN Gar. Bal	to. Co	. , M	D . STATE
	24 Ft	UNERAL DIRECTOR	hnson 8521 Tion		25a. DATE	REC'D. BY REGISTRAR			Study

Minute Park